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Down by the Sea

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Nurses who will attend the Biennial Meeting of the Canadian Nurses Association which is to be held in Halifax from July 4 to 9 inclusive, may be planning to wander farther afield to see more of the historic province of Nova Scotia or to laze away a real holiday by the sea. For those with a leaning toward history, especially with a medical flavour, some details of the early days of Annapolis Royal and of Louisbourg may be of interest.

Annapolis Royal, formerly Port Royal, founded in 1605, is situated on the Annapolis River in the rich apple-growing country of Annapolis in the south-western peninsula of Nova Scotia. On one side, this section is bordered by Kings County, with the Land of Evangeline centered in Grand Pré, the red cliffs and sands of the Minas Basin, amethyst-studded Blomidon, the beautiful Cornwallis Valley, Acadia University of Wolfville, and the busy and pretty valley town of Kentville, with the Cornwallis Inn, one of the most delightful hotels in all Canada. Bordering on Annapolis to the west, is the far-famed Digby County and the lovely Annapolis Basin. Its shores are washed by the high tides of Fundy, its coves and meadows, its sandy beaches and rocky headlands, its meadows and flowers and sunshine, though with cool nights and soft sea breezes, all combining to produce an ideal vacation land. Look at the map — distances are not great in Nova Scotia. A motor, starting from Halifax will be in Windsor in slightly more than an hour, Kentville in two hours, Annapolis Royal in three and a half hours, and Digby in another thirty or forty minutes. The ride is sheer delight all the way.

Old Port Royal, now Annapolis Royal, is the oldest town in Canada. It was here that Samuel de Champlain, one of the founders of the town, instituted in 1606, his famous "Order of the Good Time", the first Social Club in

America, into which Lord Tweedsmuir was recently inducted. Of the town's historic interest and its beauty much could be said, and, by way of medical flavour we quote from Nutting and Dock's "History of Nursing", where in a section dealing with early Canadian hospitals, we find that St. Jean de Dieu was founded in 1629, or shortly after, at Port Royal in Acadia, now Annapolis. If this be so, this small hospital has priority among the hospitals of America, save for one in Mexico. Apparently this was a feudal or seigniorial hospital rather than a general hospital in a fuller sense. The actual date of origin seems to be in doubt for there is but little evidence to support 1629 as its date of founding. It does however seem to have a clear title to being the first hospital in Nova Scotia, antedating the King's hospital at Louisbourg by at least a quarter of a century.

Louisbourg is on the Island of Cape Breton, which, across the Straits of Canso, forms the north-eastern section of the Province of Nova Scotia. Perhaps those who named it New Scotland did so because this lovely island reminded them so poignantly of old Scotland. Here the MacDonalds and the MacTavishes and the MacAskills and the MacNeils live in the valleys, the Gaelic is freely used on the lips of young and old, and the music of the pipes can be heard resounding through the hills. Here may be found the inland salt lakes, called Bras D'Or or Arm of Gold; the hilltop where Alexander Graham Bell lies buried; Baddeck, from whence the first flight of a heavier-than-air machine was made; the Cabot Trail around the rugged Northern Coast; that famous salmon stream, the Margaree; the coal-mining activities which, at Glace Bay, extend three miles out under the sea; the fishing villages and Acadian settlements.

The old town of Louisbourg had but a brief span of life. But those forty years must have been full to the brim of the dreams of old France for its establishment as a great French fortress in the new world. In a recent article in the *Nova Scotia Medical Bulletin* entitled "Hôpital du Roy, Louisbourg", Dr. W. W. Patton, a practising physician in Cape Breton, thus quotes William Wood:

> The fortress of Louisbourg arose not from victory but from defeat; not from military strength but from naval weakness; not from a new adventurous spirit of attack but from a half-despairing hope of keeping one last foothold by the sea. It was not begun till the fortunes of Louis XIV had reached their lowest ebb at the Treaty of Utrecht, in 1713. It lived a precarious life of only forty years from 1720 to 1760 and nothing but bare ruins were left to mark its grave when it finally passed unheeded and unnamed into the vast dominions of the conquering British at the Peace of Paris in 1763.

For a century and a half the ruins of this proud fortress lay buried and forgotten. A few years ago the Canadian Government began the work of restoration and today a museum houses the plans, records and relics already brought to light. Excavations go steadily on, and the visitor may now see the foundations of many of the old buildings, sections of old walls and earthworks, the lay-out of the streets and other interesting landmarks. A few yards away, the waves break on the sands of this lonely North Atlantic coast.

But to go back to the early seventeen hundreds. The King's Hospital (Hôpital du Roy) at Louisbourg was part of the general scheme of town planning, centrally located and one of the biggest buildings in the town, occupying a whole city block. It was quite a pretentious structure of masonry, two stories high, and 265 feet long, the central portion

Officers quarters, Fort Anne, Annapolis Royal

surmounted by a spire which reached a height of forty feet. There were four main wards, with accommodation for 100 beds, besides several private wards. The hospital was founded and professionally administered by the Brothers of Charity of St. Jean de Dieu, who filled the offices of Superior, surgeon, dispenser, nurse and chaplain, although official management was apparently entrusted to officers of the government. The plans of the hospital, the originals of which are preserved in the National Library at Paris, show each long ward lighted by only six small windows with nothing to indicate how the wards were heated, although several chimneys are shown above the wards and ten fireplaces were provided in the administration part of the buildings.

Letters and documents, now in the Canadian Archives, throw light on the establishment and conduct of this hospital which was to take care of civilians as well as soldiers. The following is an extract from a letter addressed to M. M. de Castebelle et Saubras:

April 22, 1716. The Consel has decided to send three brothers of Charity in order to begin a hospital at Isle Royale and necessary funds will be furnished for their support. Those of the inhabitants who are fishermen, whether they sail in vessels or fish in boats from the shore, will pay 10 pounds of cod for the daily support of poor inhabitants who are ill in the hospital. In regard to sick soldiers, the flour which would have been furnished them, will be given to the hospital with the rest of their pay, and the poor inhabitants, and those beyond the ability of nourishing themselves, will be received there free. This establishment will be very useful to Isle Royale, and the Counsel will send you a copy of the patent letters which will be granted to these Brothers, in order that you may conform to them.

The support of those who conduct the hospital being assured and the patients who will be in position to do it, paying them, it will not be necessary that there be rights established at Isle Royale for this hospital,

and that there will not be raised anything on the ship's boats in any way, which conduct fishing nor on those who conduct taverns. He is willing also to grant to all the inhabitants the liberty to sell wine and brandy, but he wishes at the same time that you hold a firm hand in preventing disorder as much as you can and that you will render him an account of serious offences. You will also attend to binding the tavern-keepers not to keep open during divine worship or at undue hours and the consel commands you to observe a strict watch in this respect.

Here are a few excerpts from the "Bylaws for the Louisbourg Hospital":

In order to succeed more easily and surely, the surgeon-major and the manager will each have a book in which they will keep as an exact inventory of the names of the patients and the day of their entry, of the time they will remain until the day of their departure. The Directors will sign this inventory at the end of each month. The manager will keep a similar account of the receipts and daily expenses which will likewise be obliged to be checked monthly by the Directors, as much for his protection as for the security of the goods of the hospital. No one will be received except on my orders or those of one of the directors. The inventories will be given to the surgeon-major who will present them again each month when he will endorse the list of his patients. Into the hands of the manager the goods and provisions of the hospital will be placed as well as the furniture and utensils. He will take an inventory of it, and be on the watch for its keeping, he will take care that they are neither spoiled or wasted, and if he will prove himself careless in a point so essential he will forfeit the reward justly due his carefulness. It (the reward) will be given him from the funds of the hospital and more or less considerable according to the satisfaction that I shall have of his management and the furnishing of fish.

Since it is only proper for the Manager to provide for the daily needs, it is also he alone who will deliver to the hospital what is necessary to give each patient day by day. It will be on the orders of the Surgeon that he will make his distribution and to the places that the food and supplies will be delivered by the store-keeper, which will be drawn from the stores of the King. They will follow in the daily distribution, the rule and customs that have been established in all the Royal hospitals and they will conform to it as much as the conveniences of the place will permit. The rations will consist of:

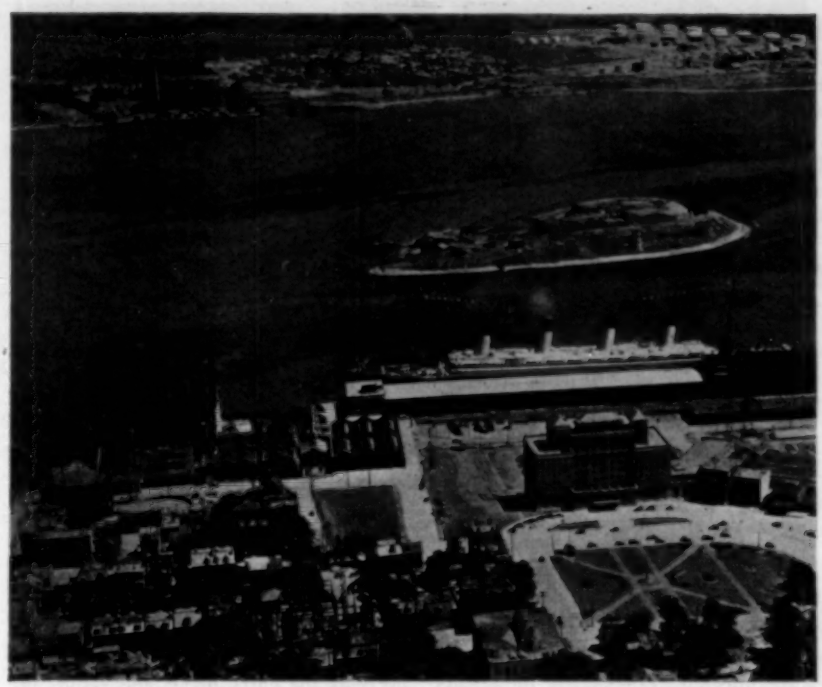
A pound and a half of fresh bread.
Three quarts of wine.
A half pound of fresh meat.
A quarter-pound of lard.
A quarter-pound of prunes and an ounce of sugar.
Two ounces of rice and an ounce of butter.
A fowl per week.

The possible value of female nurses is noted:

Think that if the hospital was attended by the Grey Nuns it would cost less to the King, and the patients would be better fed and cleaner. There would be a Surgeon-Major under whom there would be a surgeon and apprentices, who could be sent to the harbours after they would be instructed; those attending the fishermen now are absolutely without knowledge. If this proposition is approved a statement of expenses will be sent next year showing in detail the hospital expenses including the fees to the Nuns, and to those who attend the hospital. This will be balanced with the present expense.

But on the other hand the soldiers presented difficulties at times and one can sympathize with the hospital management in the many problems that must have confronted them. On April 10, 1756, M. Prévost writes thus to his Minister:

I shall not even hide from you that the Brothers of Charity often, themselves refuse to receive those who are sent to the hospital without just cause, or in order to get them out of prison. I suspect also that the Captains of these troops, who fear that the



The Nova Scotian Hotel, Halifax. Headquarters of the Biennial Meeting of the Canadian Nurses Association.

rations of such meat incommode the men whom they regard as their own particularly, send them to the hospital from time to time in order to refresh them exclusively by fresh meat. It matters little to them to engage the King in this expense; they maltreat the Monks if they refuse to admit a soldier who does not appear ill to them, and this results in a much greater evil in that these rascals consume of the refreshments, which cannot be too well taken care of in the present circumstances for the truly sick.

But the end draws near. It is said to have taken three years to obliterate the fortress and with it the hospital of which there was none better on the continent at the time. On June 7, 1758, M. Prévost again writes to his Minister:

A cannon ball fell on the hospital on the night of the sixth instant and two *religieux* were seriously injured. The surgeon lost his life. Arrangements were being made for the treatment of the officers.

On June 20, 1758, M. Kerdisieu reports thus to the minister:

As soon as the enemies were master in the place the Marquis Desgouttes was asked permission to transform some of the vessels in hospitals to place the sick soldiers. The permission was granted and the vessels *"L'Apollon"*, *"La Chevre"* and *"La Ville de Saint Malo"* were used for this purpose. Nothing was spared to give the sick persons every commodities. The number is not increasing fortunately, as all our medicaments and utensils were burned in the hospitals to which we have lighted the fire as soon as the enemy got on the land. P. S. *Wolfe treated the sick with great care.*

The quotations and information given above have been secured largely from

Dr. Patton's article in the *Nova Scotia Medical Bulletin*, to which reference has already been made, and from an earlier one published in *The Canadian Medical Association Journal* and written by the late Dr. W. H. Hattie, for all of which acknowledgment is hereby made.

Come to Cape Breton! If you have a car you will find no lovelier or more interesting spot in which to go gypsying. If not quite so fortunate, you still may be comfortably and easily accommodated by rail, road, or water-ways and return home feeling that it was good to have attended the Biennial Meeting of the Canadian Nurses Association, and to have visited Nova Scotia in the summer of 1938.

Whooping Cough

R. Cameron Stewart, M.D.

Montreal, P. Q.

Whooping cough, less aptly termed pertussis, is one of the commonest ills of infancy and childhood and by no means rare among older people. Few ultimately escape infection. Fortunately the resulting immunity usually proves lasting, although occasionally in older people directly exposed, second attacks, may occur. More prevalent in winter and spring, the disease may strike at any season, frequently in the form of community epidemics. It is very infectious, through discharges from the nose and throat, spread widely by the forceful cough.

The Bordet-Gengou bacillus of pertussis can be demonstrated on the ciliated epithelium of the larynx and trachea and in the naso-pharyngeal secretions of patients, but it is now doubtful whether this is the only causative factor involved. Many observers think that a virus is also present and that the disease results from the associated action of these two agents. Pathological findings are not distinctive, being mostly a mere superficial inflammation of the larnyx, trachea and bronchi, and the mechanism producing the characteristic spasmodic cough and typical whoop is not well understood. A series of explosive coughs prevents the entry of air and results in a temporary asphyxia, suddenly relieved by a deep inhalation, and it is probably this inrush of air through the narrowed glottis over the contracted vocal cords which causes the high-pitched typical whoop. Vomiting, another fairly constant feature, is partly reflex and partly due to the tenacious mucus which collects on the inflamed mucous membranes. Allergy, the reaction of the body cells to foreign proteins formed in the course of the disease, may be a factor in whooping cough, as in so many other communicable diseases.

The incubation period is short, usually about eight days, and the onset is generally ill-defined. At first the symptoms suggest an ordinary cold, or a bronchitis of moderate severity, with some cough and often more or less fever. Unless the patient has been exposed to whooping cough, the diagnosis

Infant supported in bed during paroxysm

may not even be suspected in this early catarrhal period, which gradually merges into the characteristic spasmodic stage when the disease can be recognized clinically. The cough, instead of improving as in ordinary infections, tends rather to increase in frequency and intensity, especially at night, and to became spasmodic in type and perhaps associated with occasional vomiting and finally a whoop. This is usually about the third week after the onset. The spasmodic stage is most dangerous and troublesome to the patient and trying to the family. Repeated paroxyms of coughing, loss of breath, whooping and vomiting often leave the child exhausted, sweating and sometimes apparently dazed.

That the patient suffers much discomfort during the spasm is only too evident from the anxious congested facies, the tendency to clutch at surrounding objects for support, and the obvious relief when the attack is over. In infants the associated asphyxia may be severe enough to bring on a convulsion or necessitate artificial respiration, so that constant watchfulness is required. Paroxysms vary greatly in number, from one or two to as many as fifty in a day, and also in duration and intensity in different cases. Sleep is disturbed by their frequency at night. Lack of fresh air makes them worse. The taking of food often brings on an attack. Uncontrollable vomiting, which so frequently follows the cough, interferes seriously with nutrition, and in infants may lead to a definite marasmus.

In two or three weeks the coughing attacks tend to become milder, with longer intervals between, vomiting and whooping less severe and a general improvement may be noted. This marks the stage of decline, and recovery is only a matter of time in uncomplicated cases, which usually have a total duration of six to eight weeks. Infectivity is thought to end by about the sixth week, so that this is the period of quarantine usually recognized. Any fresh respiratory infection over a period of many months may be followed by a return of

paroxysmal cough, vomiting and whoop, but these recrudescences are not believed to be contagious.

Diagnosis usually rests on the presence of one or more of the characteristic features — spasmodic paroxysmal cough, partial asphyxia, whoop and vomiting — increasing in severity and worse at night, and is supported by a history of recent contact. If laboratory facilities are available, demonstration of the bacilli in secretions coughed out may enable an earlier diagnosis to be made. The material is collected by the cough-plate method, the patient being induced to cough into a flat dish coated with a medium. The blood count often shows an increase in the eosinophile cells. Cases vary so much in severity and duration that many are missed and others remain doubtful. Some run a very mild course from the onset, with almost negligible cough, little or no vomiting, and never a whoop. This natural variability of the disease, besides confusing the diagnosis, makes difficult the evaluation of specific and other forms of treatment.

Complications are most likely to occur during the spasmodic stage. Some are of minor importance, others of the most serious significance and the cause of nearly all the fatalities. Bronchitis is present in all severe cases of whooping cough and this not infrequently goes on to a bronchopneumonia, by far the gravest of the commoner complications. Its onset is usually marked by a rise in temperature and an increase in the respirations. Other signs may be difficult to elicit, but an X-ray of the chest will show characteristic shadows. It may occur at any age, although mostly to be feared in the very young. The death rate is still high, but rather better than it used to be. Adequate nursing care and the use of oxygen are important aids to recovery. Bronchiectasis is sometimes a later sequel of pertussis, the suggestive signs of persistent cough and a more or less purulent sputum coming on perhaps months after the attack, and leading to prolonged ill-health.

The differentiation from chronic bronchitis, pulmonary tuberculosis and lung abscess is usually difficult and requires special X-Ray and other tests. The extreme strain imposed by the paroxysms is shown by the frequency of localized hemorrhages, due to the rupture of small blood vessels, in the nose, eye, and elsewhere. These are seldom serious, except in the rare cases where the accident occurs in the circulation of the brain and results in paralysis and/or convulsions. The latter, not uncommon in whooping cough, are however nearly always due to less serious causes, such as a transient asphyxia. Albuminuria may follow temporary circulatory disturbance in the kidney. Inguinal or umbilical hernia, or rectal prolapse, occasionally results from a severe paroxysm. A little ulcer under the tongue, supposed to be due to friction against the teeth, may interfere with feeding in a baby and is sometimes of value in supporting a diagnosis. Latent tuberculosis may be activated by whooping cough, as by other acute infections.

Treatment can do little either to mitigate the severity of the disease or to shorten its course, but efficient nursing can do much to conserve the patient's strength and nutrition and lessen the danger in complications. Fresh air, sunshine, and adequate food, nourishing, and easily digested, are of the greatest importance. Re-feeding after vomiting should not be neglected. As vitamin C is apparently deficient in some cases, citrus fruits and tomato juice should be abundant in the diet. Rest in bed during the acute stage while fever is present or the symptoms are severe must be stressed. Oxygen, preferably used in a tent, is of value in uncomplicated cases

and vitally important in broncho-pneumonia. Inhalations, as of tincture benzoin compound, in steam, sometimes afford relief, and the same is true of ether, 5 to 10 minims given in a drachm of olive oil by rectum. Little should be expected of other drugs. Sedatives, if used at all, should not be given continuously. Vaccines are uncertain in action and in the opinion of many are of little if any use in treatment. Freshly prepared and given in large doses, they may perhaps have some prophylactic effect, but as the immunity possibly induced takes some time to develop, they presumably have little protective value if given after exposure. Applications of X-ray to the upper chest have been tried, some think with mitigating effect. All cases of whooping cough should be isolated for at least six weeks from onset, and presumably susceptible contacts for ten days after exposure.

An attack of whooping cough is an ordeal for the patient and also for his family. The coughing, whooping and vomiting, recurring all too frequently, are disturbing and messy episodes to everyone within sight or hearing. The unavoidably long period of quarantine involves much loss of time for school children and for adults employed outside the home. Lacking any means of prophylaxis easily applied and of proved efficiency, control of epidemics is a difficult problem for the public health authorities and those in charge of children's institutions. Medical treatment is tedious, often expensive, and usually not particularly satisfactory. The well-being of the patient rests largely with the nurse.

Nursing Care in Whooping Cough

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Because relatively few patients suffering from whooping cough are admitted to hospitals, nurses do not get an opportunity to observe and care for them. Nevertheless, as Dr. Stewart points out, nursing care is almost as important a factor in recovery as medical treatment and certainly helps to avoid complications and sequelae. During the last few years an effort has been made in isolation hospitals to build up an appropriate nursing technique which may be carried out either in the hospital or in the home. A summary of the principal procedures has been prepared in the hope that it may serve to illustrate the situations described by Dr. Stewart and to indicate the response which the nurse should make to them.

Patients admitted to hospital usually come from poor homes and are nearly always undernourished. Frequently, they have had whooping cough for some time before admission and therefore have a

Infant supported in nurse's arms.

low resistance and are very susceptible to a second disease. Another group of patients for whom admission is sought includes those suffering from severe complications. In other words, the hospitalized child is usually acutely ill. On the other hand, children who are kept at home may not be sick enough to be kept in bed. Yet every case requires intelligent management along the lines indicated below:

Ventilation: ample ventilation should be assured because hot, close rooms, especially at night, aggravate the paroxysms. In the home this point should be well emphasized because some parents do not have the windows open because they fear pneumonia. The child should be kept out in the fresh air as much as possible each day but not allowed to play with other children.

Posture: patients, (and especially infants) will be greatly relieved if appropriate posture is maintained. They should be placed in Fowler's position and supported with pillows. As soon as a paroxysm starts the nurse should be at the bedside so as to allay fear and inspire confidence. Sometimes a slight change of position may give relief, or it may be necessary for the nurse to support the patient throughout the attack. Moistened gauze is used to remove mucus from the mouth and occasionally it may be necessary to employ suction apparatus and this should be kept in readiness at all times. Cyanosis may be extreme and suffocation may ensue if the tenacious mucus is not promptly expelled. Considerable effort accompanies every paroxysm and may cause hernia as a result of muscular strain. Adhesive plaster may be placed over the umbilicus, or a firm binder applied, as a preventive measure.

Feeding: in some cases the feeding of the patient requires a long time and both patience and ingenuity are necessary on the part of the nurse. Frequent small meals are of greater value than a few heavy ones. Too large a serving is apt to discourage the patient. The food should be simple and easily digested. Soft solids may be allowed as soon as the temperature is normal. Not too much liquid should be given with meals but plenty between. The feeding of infants should be most carefully carried out. They should be fed slowly and moved as little as possible afterwards. If vomiting occurs they should be re-fed within twenty minutes and extra feedings should be in readiness in case they are needed. The progress of the patient toward recovery can be traced by means of the daily weight chart which should be carefully and accurately kept.

Psychological factors: those related to food and feeding are of great importance. No attempt should be made to feed a child who is crying or upset. He

must first be comforted and reassured. Sometimes the mere sight of food may provoke a paroxysm and it will be necessary to divert the child's attention while he is being fed. Over-excitement of any kind should be avoided as it tends to provoke a paroxysm. The imitative instinct is strong in children and they will sometimes cough because they hear others doing so or in an attempt to attract attention to themselves. This tendency can sometimes be checked by rewarding the child for not coughing. Parents must be encouraged to be patient but firm with their children and their co-operation can usually be counted upon as soon as they learn what to do and how to do it.

LOANS FOR ONTARIO NURSES

Eight years ago, members of the Registered Nurses Association of Ontario pledged themselves to the raising of the nucleus of a fund from which loans could be granted to graduate nurses of the Province needing assistance to enable them to undertake post-graduate work. Throughout the years this has been known as "The Permanent Education Fund."

It was an arduous task through depression years, this raising of district quotas, but it has finally been achieved by individual and group effort, and the fund stands now at the service of Ontario nurses. As a matter of fact, loans from this fund have been available since January 1937, but to date the number of applicants has been disappointingly few. Let one recipient of a loan proffer her own testimony of appreciation:

> When that great stumbling block, lack of funds, confronts the nurse who feels the need of post graduate training, may she never feel discouraged as long as that most valuable aid, The Permanent Education Fund of the R.N.A.O. is available.
>
> As one who has benefited by the use of the Permanent Education Fund of the Registered Nurses' Association of Ontario, may I say that its value cannot be overstated. It made possible for me a most interesting course of post-graduate study, followed by my appointment to a permanent position which is proving not only remunerative but very satisfying.

These are the facts concerning the availability of loans: *Four loans of approximately* $250.00 *or less each will be granted during the present year. Loans are free of interest for three years. Loans may be used for any postgraduate work that would appear to further the usefulness of the applicant. All loans are confidential. The one necessary requirement is that the applicant shall have been a member of the Registered Nurses Association of Ontario prior to January* 1*st*, 1936.

With emphasis being increasingly laid upon suitable post-graduate work as requisite for advancement in the profession, it would seem reasonable to expect that nurses throughout the Province would turn naturally for assistance to the Permanent Education Fund which was collected over a period of years for this express purpose. Application forms for these loans may be obtained from: Miss Matilda E. Fitzgerald, secretary-treasurer, Registered Nurses Association of Ontario, 3 Willcocks Street, Toronto.

Unprofessional Conduct

E. F. Baker

Superintendent, St. Andrew's Hospital, Midland, Ont.

I often wonder if the standard of nursing is as high as it was twenty-five years ago. Undoubtedly the nurse of this generation possesses a greater knowledge of medicine and surgery, and of the art of caring for the sick and infirm. She has greater opportunity for study and closer co-operation with the physician. Convenient appliances lighten the drudgery of a quarter of a century ago *but,* is the nurse of today as self-sacrificing or as loyal to her profession? Does she look upon the patient as her sacred charge, or is she more concerned as to what hours she shall have off or how soon the day will be over? Does she lightly and with frivolity disregard the regulations of her profession, the rules of the hospital and her obligations to her own training school?

Florence Nightingale herself advocated the training of "health teachers". Not only should nurses be vitally interested in the care of the sick but we should also be actively engaged in the prevention of illness. How can we expect to succeed if we ourselves do not maintain that high standard of perfection, which is necessary in those who aim, by precept and example, to lead others to the fulness of enjoyment obtained only by right living?

What would be the reaction of a patient under your care, if some morning, you approached the bedside with a tired look and said: "I feel terrible this morning, I was out at a party last night and drank and smoked more than was good for me". Do you suppose the patient would still think of you as a ministering angel of mercy if you were unable to give your best because of your personal conduct? Yet it is done repeatedly, perhaps not obviously, but, in fact none the less.

It is stimulating to know that the provision of good nursing is solely dependent upon the properly qualified nurse, and that in this service she is "one of the most significant figures in our modern civilization, typifying the combination of science and service, which are the twin motives of its activity". Does our Nightingale Pledge mean as much to us as does the Hippocratic oath to the physician, or the ordination vows to the ordained minister? Surely it does! Is it then becoming for one of our profession, who has signed this pledge, to be seen smoking, or attending night clubs and beer parlours? There is something radically wrong when the rules of a school are flagrantly broken with impunity and nothing is done to prevent a recurrence of such incidents. If present conditions continue, where will it all end? Will the nursing standard sink to the level at which Florence Nightingale found it not so many years ago? We need another such as she, to purge our profession of undesirables.

The larger institutions are the worst offenders. Smaller training schools are almost forced to close their doors to pupil nurses because many mothers fear to have their daughters affiliate with student nurses in city hospitals owing to the great temptations with which they are surrounded. Nursing is too high a profession to be wantonly lowered by personal examples of unethical practices. Let us not break faith with those under our care, who look to us for loving care and comfort and who have a high opinion of our worth.

Adventures in Nursing

Miss Jean E. Browne, who is the convener of the Exchange of Nurses Committee of the Canadian Nurses Association, has kindly sent the *Journal* this vivid account written by Miss Adelina V. Fowler, of a visit to a Nursing Outpost in Alberta. Miss Fowler holds a position as school nurse in London, Ontario, and by a special arrangement made through the Exchange Committee, is spending some months in Edmonton, Alberta, in a similar capacity.

At the annual meeting of the Alberta Association of Registered Nurses a very interesting address was given on district nursing in Australia, by a Provincial District Nurse in Alberta who had been on leave for several months, spending part of her time with the Bush Nurses, as the Outpost Nurses are called in Australia. I asked if it could be arranged for me to spend a few days at her cottage, and observe her work and was delighted when she invited me to spend Christmas with her. My enthusiasm was not dampened by tales of extreme cold and lack of conveniences, so off I started on my rather uncomfortable journey. The means of transportation was by mixed train and mail truck and after travelling from early morning I arrived at the nurse's cottage late in the afternoon, part of the time having been taken up by delivering mail.

Nestled in a valley, surrounded by trees, the nurse's cottage, made of lumber and painted green and white, looked very friendly. These cottages, as well as furniture and fuel, are provided by the Government. The nurse looks after her cottage, gets her own meals, and is her own stoker. This cottage consisted of a combination living-room, kitchen and dining room, a separate bedroom, a surgery, and a wood shed. My hostess was away when I arrived, but the door was open so I went in and made myself acquainted with the cat. I had not long to wait before my friend came in, and having warmed ourselves with a good supper, we sat around the stove and settled most of the world's problems. Midnight arrived all too soon, so with a warm flat-iron I wended my way to bed.

Christmas morning was ushered in by the banging of stove-doors and the crackling of wood. Inquiring why this early rising (for it seemed like the middle of the night), I was informed it was five in the morning, but that the climate was a little arctic and a good fire might make the house feel better. The stove had a nasty habit of smoking, and had to be coaxed at times. My eyes seemed to be continually in a veil of tears, although once the stove was heated it worked like a charm.

We had been invited to a neighbour's home, three miles away, for dinner. It was a lovely walk over hilly country, and in the distance could be heard the jingling of sleigh-bells. We were about to turn in at the gate when the sleigh caught up to us, and our first patient came along—a man with a badly cut lip. Our hope of a good Christmas dinner took wings, but we went into our hospitable neighbour's home to warm our patient up a bit before driving him back to the nurse's cottage. It required two stitches to close the wound. Accidents never come singly, so we were not surprised when another knock came on the cottage door, and two more patients arrived. One had a badly frozen ear, and the other a toothache. A good supply of medications is always kept on hand, and patients are carefully attended to before being sent on their way.

While in the country everyone seems to want to go for a sleigh-ride and I did not have to wait long for mine. A homesteader knocked on the nurse's door to take us for an eight-mile drive to a maternity case. After one has been accustomed to riding in a heated automobile, a springless bob-sleigh seat is not very comfortable, especially when the sleigh is inclined to slip off the road. Arriving at the farmhouse, we found that it consisted of one room, partitioned off. The bedroom side was quickly made into a maternity ward, while on the kitchen and living-room side, supper was prepared.

Acting as a "float" between the two places, I kept the fire going under the tub of snow, (one source of the winter water supply) and made butter from milk poured into a quart sealer. Events followed very fast and before long I was holding in my arms a lovely baby boy.

After the care of the mother and the baby had been completed, we started on our homeward journey. The tired horses had to be changed for fresh ones at the nearest neighbours and we had been so busy that we had not time to notice the weather. A snowstorm had started, and a very cold wind, so I cannot say that I enjoyed the drive home. It was even a little chilly when we arrived there and made one move quickly to start a fire. The kettle soon boiled, and coffee was made to warm the driver before he started home, having covered thirty-two miles that day.

The next morning my visit was at an end and I left for the city, travelling this time by truck. When one thinks of all the inconveniences and hardships these nurses have to contend with, one can not help but admire them for the wonderful work they do. In so many cases they are doctor, as well as nurse and friendly adviser, to everyone who crosses their threshold.

NEW INCENTIVES IN SASKATCHEWAN

KATHLEEN W. ELLIS

Registrar, Saskatchewan Registered Nurses Association

On January 19, 27, and 28 refresher courses were held in Saskatoon and Regina, Saskatchewan, under the auspices of the Nursing Education Committee of the Saskatchewan Registered Nurses Association. Members of the local nurses' Association, physicians and others assisted generously with both programme and entertainment. Not only did the hospitals provide the places for meetings and extend generous hospitality, but the activity and support of the members of the hospital staffs largely determined the success of the refresher courses. Over one hundred and fifty nurses participated. *Some* of them took part in discussion, others looked as if they would like to.

Even a hasty review of the programme shows the variety and breadth of the subjects included. Some of the newer treatments and use of drugs, with special studies in diabetes, poliomyelitis, venereal diseases, tuberculosis and psychiatric nursing were presented. Modern trends in nursing, including the development of registries, social service and school work were discussed. An hour was given to the arrangement and care of flowers, during which nurses learned much that they should and should not do. Those who attended the morning session at the Saskatoon City Hospital received a souvenir of recent developments, in the form of a photographic reproduction of the "iron lung".

Saskatoon nurses were fortunate in having Miss Elizabeth Smellie, C. B. E., chief superintendent of the Victorian Order of Nurses for Canada, as their guest at the banquet, when she addressed a large audience, including students nurses from both hospitals, on the work of the Order. Highlights in the programme in Regina were addresses on "Citizenship" and "Personality", also "A trip to Alaska with a movie camera". The Sisters of the Regina Grey Nuns Hospital made a contribution of special interest by demonstrating the use of a film prepared in the hospital, as an aid in the teaching of aseptic technique.

The nurses of Saskatchewan are glad to welcome the return of their President, Miss Lawrie, and many expressed appreciation of her inspirational remarks with which the refresher course in Regina was opened.

Although of brief duration, such courses as these are stimulating both in preparation and effect. Busied about our own particular responsibilities and problems, without such incentives few of us would take time to study those of more general concern and interest, or the more recent developments. We are grateful to those who made this possible for us. This brief review suggests what nurses in Saskatchewan may look forward to when they meet together, as they will do in Moose Jaw on April 21 and 22, for the twenty-first annual convention of the Saskatchewan Registered Nurses Association.

THE EDITOR'S DESK

Halifax, July, 1938

In our leading article, Miss A. Edith Fenton, superintendent of the Dalhousie Public Health Clinic in Halifax, writes of the charm of Nova Scotia, dreaming by the sea. If, even when you are on a holiday, you *must* think about hospitals and sick people, why not go and visit what remains of the Hospital of the King? Take this *Journal* with you and read of the anxieties which harassed hospital people even in those days. Not enough money, scheming politicians — and yet, in spite of them, law, order, courage and cleanliness. Perhaps times have not changed so very much after all.

Unprofessional?

A brief article will be found in this issue entitled "Unprofessional conduct". It raises some questions which are troubling the minds of more than one superintendent of nurses today and cannot be too lightly dismissed. Is it true that the behaviour of some nurses when they are off duty is lacking in professional dignity? On the other hand are we justified in insisting that nurses shall live up to a stricter code than other young women? Expressions of opinion from our readers will be welcomed.

The Provinces

Thanks to the efficient assistance given the editor by the respective executive secretaries, the *Journal* presents full reports of the annual meetings of the Registered Nurses Associations recently held in Manitoba and Quebec. Wherever you find a Province where membership is growing, schools of nursing are doing a good job and lively meetings are being held, there you will find an executive secretary who is a live wire. We name (from east to west) three who have contributed to this particular issue: E. Frances Upton, Gertrude M. Hall, Kathleen W. Ellis. Several more will be added to the roll of honour in subsequent issues.

Reader's Guide

There are some diseases in which nursing care is admitted to be a major factor in recovery. Pneumonia, typhoid fever and brain injuries for example. All these make heavy demands on our knowledge and skill. This month, however, we discuss something much less spectacular — whooping cough. Dr. R. Cameron Stewart and Miss Katherine MacLennan tell us a great deal, in a simple and practical manner, about a troublesome illness which makes the life of many children utterly wretched over so long a period. Note the closing sentence of Dr. Stewart's article: *The well-being of the patient rests largely with the nurse.* Δ Canadian nurses continue to cross the high seas to South Africa. The Exchange of Nurses Committee of the Canadian Nurses Association may well be proud of its record. The latest recruits are reported under the caption of "Off to South Africa".

New Bottles

We do not usually cry our own wares but we think the present nursing situation in England is worth careful study. There may be no exact parallel in Canada but there are some striking resemblances and contrasts.

Coming Events

R. N. A. O. Annual Meeting

The thirteenth annual meeting of the Registered Nurses Association of Ontario is to be held in Kingston on April 20, 21, and 22, 1938. Arrangements for the meeting have not as yet been definitely completed but it is hoped that an outline of the programme will be published in the April issue of *The Canadian Nurse*.

Saskatchewan Annual Meeting

The twenty-first annual meeting of the Saskatchewan Registered Nurses Association will be held in Moose Jaw, on April 21 and 22. An interesting programme is being planned further details of which will appear in the April issue of *The Canadian Nurse*.

Child Study

Through the generosity of one of the members of the Board of Governors of the Children's Memorial Hospital, Montreal, a series of lectures on child study is being arranged for the graduate nurses on the staff. This course will take place throughout the week beginning Monday, March 28 and will be given by Dr. W. E. Blatz, Director of the School for Child Study, University of Toronto. The series will consist of six lectures, one being given each evening from 8:30 to 9:30, followed by a half-hour discussion. The topics are as follows: (1) A philosophy and practice of discipline; (2) A study of the genesis of the emotions; (3) The development and understanding of personality; (4) Work and play in a child's life; (5) Routine training; (6) "Problems" and how to handle them.

These lectures are open to all who are interested in children. A fee of $2.00 covers the entire series, or admission to a single lecture can be obtained for fifty cents. Notice of intention to attend, together with the fee, should be sent to The Children's Memorial Hospital not later than March 8.

Manitoba Summer School

Miss Edith McDowell, president of the Manitoba Asociation of Registered Nurses, takes pleasure in announcing a Summer School session for graduate nurses, presented under the aegis of Manitoba University. This new venture of the Association has been made possible by the generous support and helpful advice of the University, through its president, Dr. Sidney E. Smith. Six weeks in residence at the University's attractive Summer School site, with the privilege of study and contact with other students at Summer School sessions in their social and recreational activities, will surely enrich the life of the graduate nurse and lead to her professional development. Among the officers of instruction will be Miss Marion Lindeburgh, B.Sc., Director of the McGill School for Graduate Nurses; Miss Elin Anderson, Director of the Family Bureau for Winnipeg; Dr. F. W. Jackson, Deputy Minister of Health for Manitoba; Miss Elizabeth Russell, Provincial Director of Public Health Nursing.

The fee for the entire group of courses will be $25.00; the fee, per single course, $5.00; board and room in the University Residence, per week, $6.50. Application for admission to be made to the University of Manitoba, Summer School Office, 203 Administration Building, Fort Garry Site, by May 1. Application for a reservation in the Residence should be made not later than June 1. For further information write to Miss Gertrude Hall, Executive Secretary, Manitoba Association of Registered Nurses.

DEPARTMENT OF Nursing Education

New Wine in Old Bottles

ETHEL JOHNS

In nursing, as in other mundane affairs, there appear to be prolonged intervals of deceptive calm followed by a period of crisis, during which forces which have gradually been gaining strength, make themselves felt with dramatic suddenness. The present situation in Britain is a case in point. It is, of course, never safe to comment rashly upon events which are taking place on the other side of the Atlantic, but it does look as though certain trends which are plainly apparent in nursing affairs in England are worthy of careful examination in Canada.

One of the most striking features of the situation is the extraordinary publicity which is being given to nursing affairs in the daily newspapers. This ranges all the way from calm and judicial editorials in *The Times* to sensational outpourings in *The Daily Mirror*, the content of whose "human interest" articles need not be quoted at any great length. Its general nature is indicated by such headlines as: "A. J. Cronin exposes the worst job in the world"; "A dying woman cried: Don't leave me nurse"; "She had to be in by 10.30!" and so forth and so on. Yet, even when due allowance is made for journalistic over-statement, the bitter kernel of truth seems to lie at the core of statements made by nurses themselves. Some of these deal with petty and irritating restrictions, but others are concerned with more fundamental issues aptly summarized in the following recommendations, put forward by a layman, in the newspaper concerned:

1. A ninety-six-hour fortnight and better time-planning.
2. Improved pay and pension facilities.
3. Less brass-cleaning and floor-polishing. That is a job in itself—for wardmaids.
4. Less restriction of personal freedom—especially by embittered seniors who satisfy their jealousy and desire for power by inflicting the customs and fashions of their youth on this generation.
5. More real supervision for the junior nurse. The sort that makes her want to consult her seniors when she is puzzled, anxious or in trouble.
6. Graduated nurses should be encouraged to live out. Outside interests make them better-balanced nurses and better citizens.
7. Graduated nurses should be allowed to marry. I honestly doubt if the maternal—or nursing—instinct in women is ever complete until after marriage. Women who don't want to marry don't make the best nurses. If I were ill to-day, give me a real nurse, with sympathy and understanding and the instincts of a nurse! Keep your lightning-efficient nurses who hand the surgeon his instruments almost before he knows he wants them. She may be all right for the surgeon, but not for the patient.
8. A Nurses' Professional Union and Charter.

Legislative action, directed toward the reduction of the working day in hospitals, has already been brought forward in Parliament under the aegis of the Trades Union Council. The Bill however was defeated by 122 votes to 111. In commenting upon the defeat of the Bill, *The Nursing Times* says:

Those who spoke and voted against the Bill were influenced by two main considerations. In the first place they felt that the

measure was ill-timed and calculated to diminish the usefulness of the Government inquiry into nursing conditions, which had met for the first time the previous day; further, the fact that the Bill formulated a law to cover the municipal hospitals, but did not affect the voluntary hospitals, was considered a very undesirable factor.

The Government enquiry mentioned in the foregoing paragraph will be carried on by an Inter-Departmental Committee which has been appointed by the Minister of Health and the President of the Board of Education to inquire into the recruitment, training, registration and terms and conditions of service of nurses and to report whether any changes or other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing. The members of the Committee are:

The Earl of Athlone, chairman, President of the Queen's Institute of District Nursing.

Dr. Dorothy Brock, headmistress of the Mary Datchelor School.

Mr. Cemlyn-Jones, chairman of the Public Health and Housing Committees of the County Councils Association.

Miss Gertrude Cowlin, visitor for the Central Council of District Nursing in London.

Mr. Rhys Davies, Member of Parliament for the Westhoughton Division of Lancashire.

Mr. H. A. de Montmorency, Principal Assistant Secretary, Ministry of Health.

Sir Francis Fremantle, Member of Parliament for the St. Albans Division of Hertford.

Sir Arthur J. Hall, formerly Professor of Medicine in the University of Sheffield.

Mrs. Keynes, a member of the Public Assistance Committee of the Association of Municipal Corporation.

Miss Megan Lloyd George, Member of Parliament for Anglesey.

Mr. C. W. Maudslay, Principal Assistant Secretary, Board of Education.

Sir Frederick Menzies, county medical officer of health for the Administrative County of London.

Miss E. M. Musson, chairman of the General Nursing Council.

Mr. R. H. P. Orde, Hon. Secretary, British Hospitals Association.

Dr. Gilbert E. Orme, a medical practitioner in private practice, actively interested in nursing questions.

Professor Picken, formerly medical officer of health and school medical officer, Cardiff.

Miss D. M. Smith, Matron of the Middlesex Hospital.

Mr. H. S. Souttar, Surgeon on the staff of the London Hospital.

Dr. W. Rees Thomas, Medical Senior Commissioner, Board of Control.

Miss Wakeford, staff nurse at the Kingston and District Hospital of the Surrey County Council.

Mr. H. M. Walter, director of education, Middlesex County Council.

The report of this distinguished Committee will be eagerly awaited, not only in Britain but in every English-speaking country in the world. In commenting editorially upon the significance of this enquiry, *The Times* says in part:

Nurses, like doctors, depend to a great extent upon themselves and are guided by personal experience and by personal qualities of character and of craftsmanship. They must, therefore, retain a large measure of individual independence and can scarcely act collectively except through the medium of such an organization as a college composed of members who are steeped in the professional spirit. That conspicuous success has attended the efforts of the General Nursing Council is shown by the gradual emergence of order out of confusion, and by the fact that the number of nurses qualified has doubled in ten years.

This process of establishing a profession, with which nothing should be allowed to interfere, has already placed in the hands of nurses the means of securing better conditions of work, though it is recognized now that further reform is urgently neces-

sary. What is important is that reform should be demanded in the name of service and not by such arguments as to suggest that nurses are concerned only with their personal rights. . . . Nurses should always hold this strictly vocational aspect of their work in mind lest they lose something of the spirit which has won for them the affection and regard of their fellows. They should press their own claims as the claims of their patients, demanding adequate rest, payment, and relief in old age as the essential conditions of that *aequus animus* without which their office must always be lacking in efficiency. There should, however, be nothing unreasonably rigid in the enforcement of such conditions. It has been the policy of the College of Nursing to hold this ideal of stewardship firmly before the minds of its members and to bid the nurse realize that her highest claim is always her patients' well-being. . . . The choice of any other ground of attack, especially a political ground, would be calamitous, in so much that it would amount to a confession that nursing had ceased to base itself upon sacrifice and unselfishness.

In this article *The Times* makes it clear that nurses should under no circumstances permit the control of nursing service or education to pass into the hands of any political group, no matter what material benefits may ensue. This is sound advice, but those who direct nursing affairs will do well to study its implications. The new wine cannot be poured into old bottles.

It is, however, distinctly encouraging to find that the College of Nursing is alive to its responsibilities and is seeking a more excellent way. In a recent issue of *The Nursing Times* we find this statement under the caption of "Experimental School of Nursing":

> The Council recommends that the College should inaugurate a nursing school attached to a recognized general hospital in affiliation with other hospitals. The school is to charge fees for probationers, but some scholarships will be available. The nurses will gain practical experience in the wards of the hospitals to which it is attached, but the hospitals will not be dependent on the students for all the routine nursing of the patients. Three to four months will be spent in a preliminary school; there will be a 48-hour week and the lecture programme will include instruction in the social and public health aspects of disease and its prevention. Throughout the course the candidate, while being trained, for admission to the General Register, will have health of body and mind and preventive medicine especially kept before her.

Those who are familiar with the School of Nursing of the University of Toronto will be struck with its resemblance to the proposed Experimental School in England. We in Canada are fortunate in already possessing a firmly established and ably directed independent school of nursing. In such a school carefully controlled experimentation can be carried on safely. New wine — yes — and new bottles!

Off to South Africa!

Miss Jean E. Browne, convener of the Exchange of Nurses Committee appointed by the Canadian Nurses Association, announces that by February 2, a total of eleven Canadian nurses had been accepted for positions in South Africa. The names of five of these nurses were published in the February issue of the *Journal* and six more may now be added. These include Miss Marion Sissons, a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, and recently superintendent of the Municipal Hospital, Provost, Alberta; Miss H. Jean Lynds, a graduate of the School of Nursing of the Calgary General Hospital, Calgary; Miss Jean M. Nichol, a graduate of the School of Nursing of the Toronto General Hospital and supervisor of the medical clinic of the Outpatients Department in that Hospital; Miss Lillian MacKenzie, a graduate of the School of Nursing of the Toronto General Hospital and supervisor of the medical division in that Hospital; Miss Pauline Brown and Miss Ruth Moore, both of whom are graduates of the School of Nursing of the Toronto General Hospital.

Out of the total of eleven nurses who, so far, have received appointments, five come from the Province of Alberta and six from the city of Toronto. The new hospital in Cape Town to which they will be assigned is called Groote Schuur, and was formally opened in February.

Museum Pieces

GRACE M. FAIRLEY

Chairman, Nightingale Memorial Committee, Canadian Nurses Association

It will be remembered that a most successful bazaar was held in London last summer, under the auspices of the British Red Cross Society, in aid of the Florence Nightingale Memorial Foundation. Many beautiful gifts were sent from Canada including several fine examples of American Indian native art. Word has now been received that the British Museum has accepted several of these articles and that they will be placed on exhibition in that great institution. Among them are a totem pole (about four feet high) carved in shale from the Queen Charlotte Islands, a split cedar root basket ornamented with wild cherry root, currency shell beads and stone arrowheads from Vancouver Island, and a beaded skin fire bag from Alberta. It is a source of great satisfaction to know that this collection of genuine old Indian articles has been duly appreciated and has found so historical a resting place. One wonders if the men who made them ever dreamed that the quality of their art and craft would one day be classed as "museum pieces" of unique interest.

DEPARTMENT OF Private Duty Nursing

A Challenge to Private Duty Nurses

Under the caption of *Notes from the National Office*, in the February issue of the *Journal* will be found a report by Miss Jean S. Wilson, executive secretary of the Canadian Nurses Association, concerning the steps which have been taken toward the establishment of an experimental Community Nursing Bureau under the joint auspices of the Canadian Nurses Association and the Victorian Order of Nurses for Canada. Carried to its logical conclusion, such an experiment might lead to a great extension of the field of private duty nursing. This highly desirable result can only come about, if and when private duty nurses make up their minds to cooperate to the fullest extent in projects which, like this one, can only succeed if they are undertaken in a spirit of mutual understanding and good will.

Equally important is the mental attitude which private duty nurses may adopt toward the changes and modifications in the present registry system which a carefully controlled experiment may show to be desirable. This attitude should be based on a thorough knowledge of what the project is, by whom it is directed, and what it aims to accomplish. A clear picture of the set-up is given in the report mentioned above. Turn to it and read it carefully; it is worth your attention.

When you have completed your analysis you will probably agree that the approach to the problem is eminently sane and sensible. From the outset, the following fundamental principles have been kept in mind:

Thoroughly representative nurses, including private duty nurses and experienced registrars, are members of the Community Nursing Service Bureaux Committee of the Canadian Nurses Association.

Unusually good contacts with the community at large are assured through the lay members of the Victorian Order of Nurses for Canada. These men and women, by virtue of their long and close association with the Order, have an excellent understanding of the need of skilled professional nursing care in the homes of the people.

The Victorian Order of Nurses is in a position to supply expert supervision if and when an experimental bureau is organized. No such project could succeed without it.

The Canadian Nurses Association has guaranteed the provision of a modest sum which will help to finance the experiment over a limited period.

The success of this initial experiment depends upon the suitability of the city or town in which it is to be carried on. As indicated in the report, careful surveys are now being made to determine the relative merits of several communities which offer certain possibilities.

Even when all these assets are taken into consideration, there remains an essential factor which only nurses themselves can supply. In the words of the Joint Advisory Committee on Community Nursing Bureaux it is this:

It should be understood and emphasized that before any experiment is organizing a community nursing bureau be made in any

locality, *the members of the organized nursing profession in that locality must be willing to endorse and to support any such experiment.*

That paragraph, in itself, constitutes a challenge to private duty nurses. What is *your* response to it?

OVERSEAS NURSING SISTERS ASSOCIATION

EDMONTOO UNIT: Six well attended meetings have taken place during the past year at the homes of various members. A donation was made to the Nightingale Memorial Fund and Christmas cheer provided for veterans and their families. The Unit had the pleasure of entertaining Miss Laura Hubley, President of the National Overseass Nursing Sisters Association, as well as other out-of-town members.

The Unit sincerely mourns the loss by death of a charter member ,Mrs. Chester Chinneck (Nell McRae) who is greatly missed by her associates.

MONTREAL: The annual meeting of the Montreal Unit of the Overseas Nurses Association of Canada was held recently with the vice-president, Mrs. Toller, presiding, owing to the resignation of the president, Mrs. Beattie, who has recently moved to Halifax. An interesting report was given by Mrs. S. Ramsey, representative to the Last Post Fund. Reports of the acting president, secretary and treasurer were also read. The Visiting Committee was reported on by Miss Watling. The following officers were elected for 1938: president, Mrs. J. A. Toller; vice-president, Miss C. M. Watling; secretary, Mrs. Eric B. Paice; treasurer, Miss C. Harrison. The executive committee includes: Mrs. S. Ramsey (Representative to Last Post Fund); Mrs. A. O. McMurtry (Convener, Visiting Committee); Miss A. St. Onge; Miss L. E. Connerty and Miss B. Forgey.

VICTORIA UNIT: The Overseas Nursing Sisters Unit recently entertained at dinner in honour of Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses and second vice-president of the Overseas Nursing Sisters Association of Canada. Mrs. Eric W. Hamber, wife of His Honour, the Lieutenant-Governor of British Columbia, graced the occasion with her presence. Twenty-six sisters were present and Miss A. Creasor, nurse-in-charge of the Local branch of the V. O. N., was also a guest. The president, Mrs. Robert A. C. Hogarth, delivered an address of welcome and Miss Robert McIntosh, accompanied by Miss Edna Middleton, delighted the assembly with two charming solos. Miss Smellie gave a most interesting address, bringing messages from Matrons and Sisters across Canada.

Mrs. Lea O'Leary was re-elected by acclamation as president of the Nursing Sisters branch of the Canadian Legion, at the annual meeting. Miss Alice Willams was chosen vice-president; Miss K. Ethel Gray, secretary-treasurer; Mrs. R. Hogarth, convener of social committee; Miss McBride, social service, and Miss Jean Kay, sick visiting committee.

Manitoba Annual Meeting

During the last week in January all roads seemed to lead to the twenty-fourth annual meeting of the Manitoba Association of Registered Nurses. This was, indeed, a gala event for our national President, Miss Ruby Simpson, was our guest speaker. A very gratifying registration gave proof of her popularity and the wisdom of our choice. As friend met friend and happy reminiscences were exchanged, a note of congeniality was struck which permeated the entire session. On the first evening Miss Simpson addressed a mass meeting of senior students, this being the first time that a national President has addressed such a large group of student nurses in Manitoba. Miss Simpson gave a most inspiring address on present day opportunities in nursing and on national and international organizations.

The general sessions commenced on Friday afternoon when the executive secretary presented her report for the year in which the following points were stressed: Six Schools of nursing have been surveyed. An increase in membership (amounting to 38%) has been attained through the combined efforts of the convener of the membership committee, Miss Phoebe Anderson, and the office of the M. A. R. N. A great deal of time has been given to the development of the Asociation and twelve talks on nursing organizations have been given to different groups during the year. The cash receipts showed an increase of $3001.57 for the year.

The report of the Directory Committee was given by the convener, Miss M. Wilkins and showed that the total number of calls during the year almost totaled that of 1929, which was the best year since the Directory was organized in 1921. This increase is probably due to the establishment of the eight-hour day.

Miss M. Baldwin, convener of the Visiting Committee, reported sixteen visits to sick members. Miss K. McLearn reported an active year for the Social Committee, programmes having been provided for four general meetings. Miss Lois Kelly, convener of the press committee, reported notification and reports made to the local papers concerning all meetings of the Association. Miss R. Dickie, convener of the finance committee, reported that nurses who had successfully written registration examinations are required to pay the membership fee and complete registration. In consequence the income of the Association has been considerably increased.

Reports from the Graduate Nurses Association of The Pas, Dauphin, and Brandon gave proof of keen interest on the part of the members. Progress was noted in each report. Red Cross enrolment was reported on by the convener, Miss N. O'Shaughnessy. The report of the representative to *The Canadian Nurse* was given by Miss P. Brownell. A special booth, inviting new subscribers, was presided over by the convener, Miss Brownell. Later in the afternoon Miss Simpson gave an excellent address on the inter-relationship of nursing organizations.

At the evening session, Dr. H. Medovy and Miss Anna Speers, nutritionist at the Children's Hospital, gave a well planned symposium on the treatment of diabetes in children, illustrated by slides showing the progress made by thirty cases at the Children's Hospital. Miss Speers illustrated the nutritional programme by colourful trays of the various types of diets which had been carefully weighed and measured. A skilfully executed demonstration of delivery set-up in a hospital and of post-partum care was given by Miss A. Taylor, supervisor of the obstetrical de-

partment, Winnipeg General Hospital, assisted by Miss Elder. An improvised incubator for premature babies was also demonstrated. This was made in the engineering department of the Winnipeg General Hospital at a cost of $22.00. Miss A. McKee, supervisor of the Victorian Order of Nurses, demonstrated delivery set-up and post-partum care in the home. These demonstrations elicited much applause.

On Saturday morning Dr. Deacon conducted an excellent clinic on poliomyelitis at the Children's Hospital. An outline of treatment including a new type of foot splint was explained, and the probable prognosis in each of the six cases shown was discussed. In the afternoon the report of the Nursing Education Section was given by the convener, Miss E. Mallory. Its various activities included a consideration of a pre-nursing matriculation. Miss Ina Broadfoot, convener of the Public Health Section, reported on the programme of the three meetings of the Section held during the year. Miss Alma McIntyre, convener of the Private Duty Section, reported progress on the refresher course project and spoke of the success of the eight-hour day. The Public Health Section subsequently held a luncheon, at which Miss Simpson gave an enjoyable address on public health nursing in other lands.

At the afternoon session Mrs. R. F. McWilliams gave an outline of the proposed plan for group hospitalization and Miss E. McDowell, president of the Manitoba Association of Registered Nurses, delivered an excellent address in which she outlined a six-point programme for the future. This included plans for:

A successful Summer School.

The ultimate establishment of a Chair of Nursing at the University of Manitoba.

Co-operation with the Department of Education in order to more adequately prepare the student for nursing.

Continued study of the Proposed New Curriculum and co-operation with the National Committee on Dominion Registration in order to place Dominion Registration on a sure foundation.

Completion of the provincial survey of Schools of Nursing.

Better co-ordination between local organizations and the Provincial Association.

The president paid a graceful tribute to the fine pioneer work done for the Association by Mrs. A. W. Moody, Miss Ethel Gilroy, Miss Elizabeth Russell, Miss Elizabeth Carruthers, Miss Jean Houston, Miss Elsie Wilson, Rev. Sister Krause, Miss Mabel Wilkins, Miss Anna Wells and Miss Wright. The contribution made by Miss Christine MacLeod of Brandon and Miss Kettles of Dauphin was also mentioned with appreciation.

Next in order came a demonstration of the Audiometer Hearing Test. Methods of classroom inspection were demonstrated by Miss N. W. Anderson of the Department of Public Health. Miss Ina Broadfoot gave a talk on the care of the teeth as delivered to a class of Grade Four students. Miss Emily Parker gave an interesting paper on health education in the schools.

The election of officers for 1938 resulted as follows:

President, Miss E. McDowell; first vice-president, Miss E. Russell; second vice-president, Rev. Sister St. Irma; third vice-president, Miss D. Muir (Brandon); honorary secretary, Miss Lynette Gunn. The board members include: Miss T. Wiggins, Miss D. Muir (Brandon), Sister St. Irma, Miss C. Day, Miss J. Morrison, Miss J. Archibald, Miss M. Wilkins, Rev. Sister Clermont (St. Boniface Hospital), Miss Alice Laporte (St. Boniface), Miss Lynette Gunn, Miss F. Rowell (Dauphin), Miss F. Roach (St. Boniface).

The conveners of sections include: nursing education, Miss F. Roach; public health, Miss K. McLearn; private duty, Miss

Theresa Greville. The conveners of committees include: directory, Miss M. Wilkins, social, Miss K. McLearn, visiting, Miss M. Baldwin, press, Miss E. Margarson, membership, Miss K. McCallum, library, Miss Elsie Wilson, finance, Miss R. Dickie, Nightingale Memorial Foundation, Miss R. Dickie. Representatives were apointed as follows: to the Central Council of Social Agencies, Miss Florence Robertson; to the Junior Red Cross, Miss N. O'Shaughnessy; to *The Canadian Nurse,* Miss Pearl Brownell; to The Local Council of Women, Mrs. H. Fraser.

A delightful dinner, attended by one hundred and sixty-five nurses, and presided over by Miss Catherine Lynch, superintendent of nurses, Winnipeg General Hospital, brought to a close a most successful convention.

Gertrude M. Hall,

Executive Secretary.

THE ECONOMIC STATUS OF WOMEN

Mrs. Harvey Agnew was the guest speaker at a recent meeting of the Alumnae Association of the University of Toronto School of Nursing. Mrs. Agnew dealt with the findings of a Liason Committee formed at the request of the League of Nations and the International Labour Organization to study the economic status of women in fifteen countries. Upon the initiative of the National Council of the Y.W.C.A., Canada's Liason Committee was organised, representing thirteen organizations of women wage-earners, among them the Registered Nurses Association of Ontario.

Questionnaires sent out were designed to ascertain the following:

The number of wage-earning women who are the sole support of dependents.

The number of wage-earning women who have no responsibility except for their own maintenance.

The number of wage-earning women who contribute to the support of households or to the support of other persons over and above their own maintenance.

Mrs. Agnew, who was a member of the Canadian Committee, and travelled across the country collecting data for the survey, summed up the conclusions reached and made a plea for further serious study by women's groups of the economic status of women in Canada and its implications. Briefly, some of the conclusions reached by the Canadian Liason Committee were:

There has been no large-scale attempt to deprive women as a whole of the right to earn a living. There is evidence of a strong prejudice against married women in wage-earning occupations.

The Government of Canada recognizes the existence of dependents by allowing exemptions for them under the Income Tax Bill. But here again, the scales are weighted against women. According to the Bill, the dependents must live in the same household as the taxpayer. In the case of a great many women, they have to live apart from their dependents owing to circumstances which they cannot control.

Generally speaking, women's wages are lower than men's, although both men and women with dependents are handicapped. This situation has been recognised in Europe for years and a method worked out to overcome the economic handicap of dependents. It is called the Family Allowance System. Its basic principle is a minimum wage for both men and women and graded allowances

for dependents. It has been worked out successfully on a large scale in France, Switzerland, Poland, Sweden, Norway, Finland, Denmark and Jugoslavia. It is quite applicable to occupations remunerated by set wages or salaries.

During the evening fourteen life memberships were presented to alumnae of the School by the president, Mrs. George Hanna.

Dorothy M. Percy.

ONTARIO PUBLIC HEALTH NURSING SERVICE

The Nursing Service of the Ontario Society for Crippled Children has been extended recently. This is due in part to the 1937 epidemic of poliomyelitis as all patients reported as having paralysis or paresis in the Provnice are now being supervised.

Miss Gretta Ross, (Toronto General Hospital), who for the past two years has been in charge of the Orthopaedic Nursing Service started by the Ontario Society for Crippled Children in Western Ontario, has now been transferred to Toronto with headquarters at 15 Queen's Park. Miss Ross will be staff supervisor and will also visit the post-polio cases in York Country. Six experienced public health nurses have been added to the staff: Miss Gene Clark (Hospital for Sick Children), Miss Marjorie Rutherford (Victoria Hospital, London), Miss Helen Needler (Hospital for Sick Children), Mrs. Jean Coulter (St. Joseph's Hospital, London), Miss Oril Kerr (Hospital for Sick Children), and Miss Clara Vale (Toronto General Hospital). Mrs. Coulter and Miss Rutherford have been assigned to the Western Ontario District where the regular orthopaedic service is to be continued in addition to the polio survey. The remaining four nurses will cover other parts of Ontario which have been affected by the epidemic.

Miss Harriet Huston, graduate of Victoria Hospital, London, and of the public health nursing course, University of Western Ontario, has been appointed as public health nurse in St. Thomas to succeed Miss Janet Smith who has accepted a position in Manitoba.

Obituary

HOLMES—The death occurred recently in England, of Dorothy C. Holmes. Miss Holmes was a graduate of the School of Nursing of the Royal Columbian Hospi- New Westminster, and a member of the Class of 1925.

JOHNSTON—The death occurred recently, very suddenly and while in active service, of Alta Johnston, a graduate of the Victoria Hospital School of Nursing, London, Ontario. Miss Johnston was also a graduate in Public Health from the University of Western Ontario. She was an active and valued member of her Alumnae Association and her passing is deeply regretted by her associates.

RAMSDEN—The death occurred recently, on her twenty-eighth birthday, of Effie Lillian Ramsden, a member of the Class of 1933 of the School of Nursing of the Hospital for Sick Children, Toronto. At the time of her deeply regretted and untimely death Miss Ramsden was a member of the nursing staff of the Anson General Hospital, Iroquois Falls.

SCOTT—The death occurred recently of Mrs. Rita Scott (née Brethour) widow of the late Dr. R. H. Scott. Mrs. Scott was a graduate of the School of Nursing of the Vancouver General Hospital.

Annual Meeting in Quebec

The annual meeting of the Association of Registered Nurses of the Province of Quebec was held in Montreal on February 7 and 8 and proved to be a most successful and lively event. At the opening session which was bi-lingual, the president, Miss Margaret L. Moag occupied the chair and, in the course of an admirable presidential address, commented with satisfaction upon the progress of the study of the proposed curriculum throughout the province, and upon the fact that a number of training schools have effected some of the recommendations. She regretted that the Province is still far behind the quota set by the national joint committee of the Canadian Nurses Association for enrolment for emergency service, as only 428 nurses have enrolled and the provincial quota is 840.

Opportunities afforded to nurses wishing to increase their professional knowledge were outlined by Miss Moag. The McGill School for Graduate Nurses has instituted a partial course in teaching and ward supervision for those in hospital work, which has a satisfactory enrolment. In answer to a request, a special course in industrial nursing was arranged. Supervision in public health nursing is being taught to nurses who hold sub-executive positions in this type of work. The regular academic courses at McGill, l'Ecole d'Hygiène Sociale, and the Youville School of the Grey Nuns is maintained. Miss Moag also said that steady improvement in employment of nurses is apparent and that the demand in public health nursing exceeds the number of qualified women available. The same situation prevails in regard to teachers in schools of nursing.

True to her usual form, Miss E. Frances Upton, executive secretary and registrar, gave an excellent and comprehensive report. The total membership of the Association is 3700, of whom 1861 are English-speaking and 1839 are French-speaking. While complete information is not available, it is known that approximately 1422 are employed in institutional work, 1433 in private duty and 525 in public health nursing.

In her capacity as official school visitor, Miss Upton reported progress as follows:

For the first time in the experience of the Association all schools have been visited this past year, one more being added to the list of those fulfilling law requirements, which brings the total number of approved schools up to thirty-seven, twenty-six of which accommodate French-speaking and eleven English-speaking students; thirty-two give the complete three-year course and five offer special courses to affiliating or post-graduate students. There still remain two schools whose graduates do not qualify for registration, the number of students being relatively small.

Following the publication of the Proposed Curriculum for Schools of Nursing in Canada, the Board of Management of the Association recommended that all schools in the province should give it serious study and consideration. The response to this request has been most encouraging insomuch that study groups have been organized and the personnel of our schools have analyzed the proposed plan, and in many instances have made recommendations which have resulted in a definite attempt at re-organization to effect: (1) A better selection of students. (2) A shorter day and longer vacation periods. (3) A reduction in number of lectures and classes being given outside the day time duty schedule. (4) Improvement in health programme and method of recording same. (5) Improvement in standard of qualification of teaching and supervisory staff. (6) Improvement in teaching methods.

The report of the honorary treasurer, presented by Miss C. M. Ferguson, showed the finances of the Association

to be in a satisfactory condition. Miss Olga Lilly, convener of the Board of Examiners, spoke of the high percentage of failures and suggested some remedial measures. Miss Eileen Flanagan gave a stimulating summary of the new trends in nursing thought which were apparent at the International Congress of Nurses.

At the evening session, with Miss Marguerite Craig presiding, Miss Madalene Baker, chairman of the private duty section of the Registered Nurses Association of Ontario, spoke with her usual vigour and clarity on the eight-hour day for private duty nurses. The attendance was excellent and the discussion animated. Further consideration of this session will be understaken in a later issue of the *Journal*.

On the following day, with Miss Margaret I. Brady in the chair, a symposium on poliomyelitis was presented by the following speakers: Dr. H. B. Cushing, Professor of Paediatrics and Infectious Diseases, McGill University; Dr. W. G. Turner, Orthopedic Surgeon, Royal Victoria Hospital and Shriners' Hospital; Miss Alice Burkhardt, recreational therapist, Children's Memorial Hospital and Miss Esther B. Asplet, director of the Physiotherapy Department. This event proved to be of exceptional interest as an outstanding example of the value of dramatic action as well as exposition in a symposium of this kind.

At the closing session, the Hon. Cyrus Macmillan, Professor of English in McGill University, delivered a delightfully witty and pointed commentary on "Education and the Profession". Hearty applause gave proof of appreciation on the part of a large audience of Miss Marion Lindeburgh's address on "The Art of Nursing."

With the exception of the opening session, the French and English groups held their meetings separately. The address of Miss Madalene Baker, however, was skilfully translated into French and delivered by Mlle Suzanne Giroux at a session of the French group. Miss Baker herself was present and there was a lively discussion. Scholarly addresses were given by Abbé I. Lussier, of the Catholic School Commission of Montreal, on professional orientation, and by M. Garneau, K.C., on "The nurse in the eyes of the law."

At a subsequent meeting of the Executive Committee, the following officers were declared elected for the coming year: President, Miss Margaret Moag; English vice-president, Miss Eileen Flanagan; French vice-president, Rev. Sister Valerie de la Sagesse; honorary treasurer, Miss C. M. Ferguson; honorary secretary, Miss Suzanne Giroux. Members of the board of management without office: Miss Mabel K. Holt, Miss Marion Nash, Miss Maria Roy, Miss Alice Albert, Miss Juliette Trudel.

VICTORIAN ORDER OF NURSES

Miss J. MacFarlane has been admitted to the Kitchener staff.

Miss V. Huffman has been admitted to the Kitchener staff.

Miss M. Van Scoyoc has been admitted to the Hamilton staff.

Miss J. Hocking has been admitted to the Hamilton staff.

Miss R. Cunningham has been admitted to the Border Cities staff.

Mrs. I. Ewing has resigned from the Toronto staff.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Membership

Ten years ago, when the Canadian Nurses Association decided to study the problem of dual affiliation in the national organization, the total number of nurses in the nine Provincial Associations represented 57% of the membership in the Canadian Nurses Association. The remaining 43% were able to maintain their national and international affiliation simply by belonging to their alumnae or local graduate nurses association.

The study of the dual affiliation problem resulted in the Bylaws being amended at the Biennial Meeting in 1930 whereby the Canadian Nurses Association became a federation of the nine Provincial Associations of Registered Nurses. In 1928 the total membership of the Provincial Associations amounted to 6,636. That membership now is 14,254.

It is customary when making this annual announcement on membership to mention the Provincial Associations in which the larger gains have been made during the previous year. This time, the Manitoba Association of Registered Nurses leads with an increase of 38% while the Registered Nurses Association of Ontario follows with one of 30%. Each provincial unit gained in membership during 1937. The total increase amounting to 1751. Most encouraging! *But* the potential membership of the Canadian Nurses Association is estimated to be over 20,000.

Halifax, 1938

The General Meeting of the Canadian Nurses Association meets in Halifax in July next, from the fourth to ninth.

Programme: A tentative outline of the programme will be published in the April issue of the *Journal*.

Reservations: Convention headquarters will be The Nova Scotian Hotel. Those who wish to secure accommodation *in this hotel* should make early reservation as the number of rooms available is limited. Room rates per day are: single, $3.00; double, $2.50 per person; three in one room, $2.00 per person. All rooms have connecting baths. The Arrangements Committee has secured reservations in other hotels and guest houses within short distance of headquarters. On request, Miss Catherine Graham, 60 Seymour Street, Halifax, will send information concerning this additional accommodation. Sister Anna Seton, Halifax Infirmary, will make arrangements for Religious Sisters and Adjutant Atkinson, Grace Hospital, Halifax, for members of the Salvation Army.

Special Functions: It is suggested that alumnae of schools of nursing choose Wednesday evening, July 6, for their "get-togethers", and that alumnae of the university courses for nurses arrange for breakfasts on Thursday morning, July 7. By adhering to these suggestions it is anticipated there will be no conflict with the entertainment planned by the Arrangements Committee. Reservations for all special functions should be addressed to Miss Gladys Strum, Victoria General Hospital, Halifax.

Arrangements Committee: At the end of January, the Executive Secretary spent several days in Halifax and a meet-

ing of the Arrangements Committee was held with a full attendance. This necessitated one member driving 83 miles to be present. This fact alone speaks for the enthusiasm with which the Nova Scotia nurses are preparing for the General Meeting — and also, a drive of 83 miles after lunch to attend an afternoon meeting is assurance to those who are planning to drive to Halifax that road conditions in Nova Scotia must be good.

International History of Nursing

At the December meeting of the Executive Committee of the Canadian Nurses Association a request was received from the International History of Nursing Society for the Association to appoint a corresponding member. Miss Eileen Flanagan, Montreal, has consented to accept this appointment.

Pre-nursing High School Courses

Recently the Departments of Education in the Provinces of Alberta and Manitoba have sought the co-operation of the Associations of Registered Nurses in those Provinces. The Alberta Association has been asked to submit suggestions for the new course of studies now under consideration for high school students. Also, the Association was asked to have a representative meet with the committee appointed by the Department of Education to draft the revised course for Grade Eleven. In Manitoba, the Minister of Education has asked the Provincial Association for recommendations re a pre-nursing matriculation course for girls in Grades Nine, Ten and Eleven.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial fund have been received as follows:

Alberta

Nursing Education Section, Alberta Association of Registered Nurses	$10.00
Private Duty Section, Alberta Association of Registered Nurses	10.00
Staff, Grande Prairie Municipal Hospital	5.00
Students and Graduate Staff, Calgary General Hospital	21.00
Lethbridge Graduate Nurses Association	10.00
Edmonton Association of Graduate Nurses	10.00

British Columbia

Cowichan Health Centre	4.00
Nursing Staff, Penticton Hospital	2.00
Registered Nurses Association, Nelson	10.00
St. Paul's School of Nursing, Vancouver	10.00
A.A., Jubilee Hospital, Victoria	15.00
St. Mary's Hospital, Dawson	2.00
Provincial Mental Hospital, Essondale	18.00
St. Joseph's Hospital, Comox	5.00

Ontario

Student Nurses Association, Toronto Western Hospital	25.00
Mrs. W. T. Allan, Collingwood	2.00

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held April 4th, 5th, and 6th, 1938.
Names of Candidates for this examination must be in the office of the Registrar not later than March 4th, 1938.

Full particulars may be obtained from:

HELEN RANDAL, R. N., REGISTRAR
520 Vancouver Block Vancouver, B.C.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER: *The Public Health Section of the Registered Nurses Association of British Columbia* recently held a successful dinner meeting, attended by about eighty nurses from the lower mainland and Vancouver Island. Nine papers on public health topics were read which were the result of discussions held by groups of nurses throughout the Province. Miss Elizabeth Smellie, Superintendent of the Victorian Order of Nurses for Canada gave an interesting talk, touching upon the highlights of public health practice. *The Private Duty Section of the Registered Nurses Association of British Columbia* has aimed this year to interest local groups of nurses in an educational programme. It is gratifying to report that in Victoria the private duty nurses have become organized and are enjoying lectures by physicians and public health nurses. In Vancouver an instructive lecture on neurology was given to private duty nurses by Dr. Frank Turnbull. A course of six lectures, on psychiatry and mental hygiene, by Dr. George Davidson, is now underway. These are being given weekly at 7:15 P.M. and a charge of $1.00 is made to cover the cost of having mimeographed copies made of each lecture.

VANCOUVER: *The Alumnae Association of the Vancouver General Hospital* recently held its annual banquet in honour of the graduating class. The guests were welcomed by the president and an interesting programme followed. Officers for the coming year are as follows: Honorary president, Miss G. M. Fairley; president, Miss Fyvie Young; vice-presidents, Mrs. McCullough and Mrs. A. Grundy; recording secretary, Miss M. Miller; corresponding secretary, Miss M. Barton; treasurer, Miss C. Walker.

Appointments: Miss Marion Ross (University of Toronto School of Nursing) has been appointed to the staff of the Metropolitan Health Service in Vancouver. Miss Ruth Cheeseman, R. N., B. A. Sc., has resigned from the public health staff in Vancouver to accept an appointment in the Public Health Service of the Hawaiian Islands. Miss Florence Barbaree, formerly on the Public Health staff at Duncan, has been appointed school nurse at Port Haney, B. C.

Married: Recently, Miss Marion R. Gilley (St. Paul's Hospital, Vancouver) to Mr. Gordon Leonard Robson

MANITOBA

BRANDON: A meeting of the Brandon Graduate Nurses Association was held recently at the home of Miss M. Gemmell. The Register was reported as busy and Miss P. Findlay, convener of the private duty section of the Association, and Miss D. Muir, who is on the Board of Directors, were appointed as delegates to the annual meeting of the Manitoba Association of Registered Nurses. Miss E. Roulette introduced the guest speaker of the evening, Dr. W. S. Peters, who gave a very interesting address on haemorrhage at the menopause, emphasizing the dangers of carcinoma at this time. A social hour followed.

BRANDON: A meeting of the Brandon Graduate Nurses Association was held recently at the home of Mrs. H. E. Hannah, 32 members being present. Miss V. Vance, president, called upon Miss Findlay, delegate to the Manitoba Association of Registered Nurses at its annual meeting, who gave a report which was most interesting and complete. Dr. D. L. Johnson, the guest speaker, gave an excellent address on State Medicine. A social hour concluded the evening.

A gratifying representation of the Brandon Association attended the annual meeting of the Manitoba Association of Registered Nurses in Winnipeg.

ST. BONIFACE: Miss H. Chivers-Wilson, a graduate of the St. Boniface Hospital, has been apointed assistant laboratory technician at the Winnipeg General Hospital.

NEW BRUNSWICK

SAINT JOHN: The annual meeting of the Saint John Local Chapter of the Registered Nurses Association of New Brunswick was held recently at the Saint John General Hospital. Miss Agnes D. Carson, the retiring president, was in the chair and gratifying reports were received from the various officers and committees. Arrangements were made to hold a bridge and to devote the proceeds to the sick nurses benefit fund. Miss Belle Howe was named general convener. Miss Margaret Murdoch, superintendent of nurses of the Saint John General Hospital, was elected president of the Chapter for the coming year together with the following officers: Honorary president, Miss E. J. Mitchell; first vice-president, Miss M. Wallace; second vice-president, Miss L. Henderson; secretary, Miss L. Bartsch; assistant secretary, Miss M. Donovan; treasurer, Miss L. Wilson. The committee conveners are: programme, Miss D. Brown; private duty, Miss H. Redmore; public health, Miss A. Burns; sick nurses benefit, Miss E. J. Mitchell; *The Canadian Nurse*, Miss B. Selfridge and Miss K. MacGillivary; auditors, Mrs. J. H. Vaughan and Miss L. Hume; Registry Committee:

Miss S. Hartley, Miss M. Wallace and Miss R. Wilson.

SAINT JOHN: The annual meeting of the public health section of the Saint John Chapter of the Registered Nurses Association of New Brunswick was held in the Health Centre recently. The report of the retiring secretary, Miss F. Saunders, reviewed a year of interesting and helpful sessions. The election of officers resulted as follows: chairman, Miss Muriel Clarke; secretary, Miss M. I. Darling; members of programme committee: Miss H. Morrow, Miss H. Dykeman and Miss B. Gregory.

SAINT JOHN: A special meeting of the Saint John Chapter was held at the Saint John General Hospital on January 26 with Miss Margaret Murdoch, the president, in the chair. Following a short business meeting, Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association, addressed the meeting and recalled that the Canadian Nurses Association was founded in October, 1908, by a small group of nurses. There are now 14,000 nurses in affiliation with the National Association. Following Miss Wilson's address, a reception was held in her honour in the Nurses Residence. The guests were received by Miss Wilson and Miss Margaret Murdoch. Mrs. George Brown presided over the teacups and the following junior graduates assisted in serving: Misses I. Clark, M. Hovey, I. Hicks, H. Vallis, I. Wallace, M. Whitman, M. Fitzgerald, M. Carey, M. Ryan, A. Shaw and T. Horton. The Saint John members of the executive of the New Brunswick Association of Registered Nurses also entertained at dinner in the Admiral Beatty Hotel on January 27 in honour of Miss Wilson. Mrs. G. E. Van Dorsser, the president of the Association, acted as hostess and Miss A. J. McMaster of Moncton, who is the convener of the Nurses Registration Committee for the Canadian Association, was a special guest.

SAINT JOHN: Miss Velma Crawford, Miss T. Brown and Miss Helen Colburn (all members of the class of 1935, Saint John General Hospital) and Miss Marjorie Campbell (S. J. G., 1936) have been appointed to the staff of the Provincial Hospital.

NOVA SCOTIA

HALIFAX: On January 31 the Halifax Branch of the R. N. A. N. S. was fortunate in having as guest speaker Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association. Miss Wilson outlined the history and growth of the C. N. A. showing its relationship to the Provincial Associations. After the close of the meeting a reception in honour of Miss Wilson was held at the Children's Hospital. Miss Wilson also met the Provincial Arrangements Committee at the home of Miss Marion Haliburton, president of the Registered Nurses Asociation of Nova Scotia. The business meeting was followed by an informal tea.

NEW GLASGOW: The fifth annual meeting of the Pictou County Branch of the R. N. A. N. S. was held in New Glasgow on January 21. We have an enrolment of fifty-five paid-up members. Eight regular meetings have been held with an average attendance of eighteen. During the year we have had special speakers at six of our meetings.

VALLEY *Branch*: The January meeting of the Valley Branch of the R. N. A. N. S. was held at the Nova Scotia Sanatorium. An interesting talk was given by Dr. E. M. Found on anaesthetics. Refreshments were served by Mrs. Mack and the staff, after which a social evening was enjoyed.

HALIFAX: The Halifax Infirmary Alumnae Association held its annual meeting recently. A gratifying feature was that almost 100 per cent of the membership attended. Mrs. Alex Chaisson, president, gave a comprehensive review of the year's work and the conveners of the different committees all submitted reports showing a healthy condition of the organization. The following officers were elected for the coming year: President, Mrs. Alex Chaisson, vice-president, Miss Beatrice Foley; treasurer, Miss Dorothy Turner, secretary, Miss Mary Archer. Conveners of the standing committees were chosen as follows: Mrs. E. Power, visiting committee, Mrs. McManus, entertainment; and Miss M. Kathleen McDonell, publicity committee. A social hour followed.

ONTARIO

DISTRICT 1

LONDON: Miss Janet Smith, Public Health Nurse for the past six years in St. Thomas, has accepted a position on the staff of the Manitoba Provincial Department of Health. Miss Smith is a graduate of the School for Nursing of the Winnipeg General Hospital and a post-graduate in public health nursing of the University of Western Ontario, London. Miss Harriet Hueston, of London, has accepted the position vacated by Miss Smith. She is a graduate of the School of Nursing of the Victoria Hospital, London, and a post-graduate in public health nursing of the University of Western Ontario.

Miss Grace Versey, of the London staff of the Victorian Order of Nurses, has been transferred to the Oshawa branch as supervisor. Miss Ruth Kester has been appointed to the position in London vacated by Miss Versey. Both took the course in public health nursing in the University of Western Ontario.

ST. THOMAS: The following marriages have recently taken place:

Married: Recently, Miss Ruth McLay (St. Thomas Memorial Hospital, 1932) to Mr. Frank Bacon.

Married: Recently, Miss Jean MacDonald (St. Thomas Memorial Hospital, 1931) to Mr. Campbell Walker.

WINDSOR: The refresher course on poliomyelitis, recently held by the Windsor nurses at the Hôtel Dieu Hospital was largely attended, 122 nurses being present of which 60 were members of the R. N. A. O. We had extended an invitation to all registered nurses as we felt it might help to increase the membership of District 1. The Chatham nurses were our guests for the day and 28 of them were present.

Dr. Adams, our Medical Officer of Health, opened the meeting with a paper on poliomyelitis in which he discussed the epidemiology of the disease and the preventive measures which are in use today. The next speaker, Miss McInnerny, gave a summary of the nursing care of poliomyelitis in the acute stage and presented several case studies of patients who were under her supervision in the Isolation Hospital during the past few months. The afternoon session was opened by Dr. Brockenshire who spoke on post-poliomyelitis treatment, and also demonstrated the use of the Bradford frame, and arm and leg splints. Miss Bateman followed with a demonstration of massage and muscle re-education used in follow-up treatment. The patient who assisted her was an acute case a few years ago and with continuous treatments and supervision has made remarkable progress since. At the close of the sessions a delightful tea was served by the Sisters of the Hôtel Dieu. Later, some of the nurses went to the Isolation Hospital to see the iron lung demonstrated by Miss McInnerny.

The committee in charge was as follows: Miss Marion Spence (convener); Sister Marie Roy, of the Hôtel Dieu Hospital; Adjutant Dorris M. Barr, of Grace Hospital; Miss Beatrice Young, of the Metropolitan General Hospital; Miss Irene Doris, of the Essex County Sanatorium. Miss Mabel Hoy and Miss Nellie Gerard, executive officers of the district assisted with arrangements.

DISTRICT 2 AND 3

KITCHENER: The following officers were elected at a recent meeting of the Alumnae Association of the Kitchener-Waterloo Hospital for the coming year: Honorary president, Miss K. Scott; president, Miss C. Mulholland; first vice-president, Mrs. Westwell; second vice-president, Miss Gimbel; secretary, Miss A. Lambert; assistant secre-

HI, MRS. KANGAROO!

How's young Kangy getting along? Must be fun riding around in your pocket like that!

Only thing is . . . it must get pretty hot and sticky in there. Doesn't he get rashes or prickly heat?

I used to get awful hot and scratchy from my sweaters. Really – you don't know what I suffered! But one day nurse came to see me . . . and she told mother to use Johnson's Baby Powder. Life has been just grand since then!

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Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

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Miss C. V. Barrett, R.N.
Supervisor,

ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL
Montreal, Canada

tary, Mrs. McCullough; treasurer, Miss E. Ellacott.

The death occurred recently at the Kitchener-Waterloo Hospital of Miss Elizabeth Adair.

Married: Recently, Miss Selma Ruhl to Mr. Williard F. Dahmer.

Married: Recently, Miss Rita L. Galliher to Dr. James McCullough.

DISTRICT 4

HAMILTON: The annual meeting of the Hamilton Public Health Section of the R. N. A. O. was held recently at Southgate with Miss Reta Ford in the chair. Miss Dorothy Mickleborough, of Toronto, Supervisor of the Victorian Order of Nurses, gave a thought-provoking talk on the improvement of the content of the public health nurse's visit. Miss Mickleborough stated that a study made by the N. O. P. H. N. in 1934 found teaching the weakest part of our work. The approach should first be made in schools of nursing and an effort made to integrate health teaching in the curriculum. For those already in the field, staff education is of great importance. The officers elected for the coming year are: President, Miss E. Bell; vice-president, Miss M. McIlquham; treasurer, Miss D. Truesdale; secretary, Miss C. Livingston.

NIAGARA FALLS: The annual meeting of the Alumnae Association of the Niagara Falls General Hospital was held recently when the following members were appointed to office for the coming year: Honorary president, Miss M. Park; president, Miss A. Pirie; honorary vice-president, Miss M. Buchanan; first vice-president, Miss V. Litchenberger; second vice-president, Mrs. H. Mylchreest; secretary-treasurer, Miss V. Sternall, 1448 Victoria Avenue; corresponding secretary, Miss M. Le May. The members of committees are as follows: visiting, Miss R. Livingston (convener), Miss K. Howey and Mrs. Evans; membership, Miss I. McClure and Miss A. Livingstone. Miss E. Quinn was appointed educational convener and Miss D. Scott representative to *The Canadian Nurse* and press. During the year the Association gave a donation to the Student Nurses' Library, improved their rest room at the Hospital and added to their furnishings in the Nurses Alumnae Room in the General Hospital. At the meeting, the retiring president, Mrs. F. Wilson, presented the Association with a set of dishes to be used on the trays for patients in the Nurses Alumnae Room in the Hospital. A social hour was enjoyed at the close of the business meeting.

ST. CATHARINES: Two meetings of the Alumnae Association of the Mack Training School were held recently. At the first

meeting, Miss A. Wright, superintendent of the General Hospital, was the guest speaker. She gave a descriptive and interesting talk on her trip abroad and a report of the International Congress of Nurses. A social hour concluded the evening.

The second meeting was held in the Leonard Nurses Home with Miss Hodgins presiding. Dr. H. Quinlan of the Niagara Peninsula Sanatorium gave an interesting illustrated talk on his summer trip to Alaska and of his recent trip to New York. Moving pictures of winter scenes at the Sanatorium were also shown.

The eight-hour duty schedule seems to be satisfactory with most of the private duty nurses in District 4. Miss Scott, a member of the Victorian Order of Nurses, will give a demonstration of home nursing at the next meeting of the Private Duty Section.

District 5

Toronto: The annual meeting of District 5, R. N. A. O., was held at the Toronto General Hospital on February 3, with the chairman, Miss Irene Weirs, presiding. A large number of nurses were present. The various committee and other annual reports were most interesting and thought-provoking. Although all were worthy of individual mention, the highlights were those of the membership committee which reported an increased membership, and of Chapters 1 and 2, organized in the Whitby-Oshawa and Orillia-Barrie districts respectively, which showed an exceptionally active year.

In preparation for the meeting of the Provincial Association in April and the Biennial Meeting of the Canadian Nurses Association in July, Miss Mary Millman reviewed the report of the committee on Dominion Registratoin for Nurses. As the meeting was held so soon after the publication of this revised report, it was felt that there had been insufficient time for individual study of it. It was decided that a special meeting be called for the purpose of further discussion. Hearing Miss Millman's excellent presentation of the report was a privilege and certainly most advantageous to all as a basis for individual study.

Officers were elected for the coming year as follows: Chairman, Miss Irene Weirs; vice-chairman, Miss Laura Gamble; secretary-treasurer, Miss Kathleen McNamara. The conveners of sections are: Private duty, Miss W. Hendrikz; Nursing education, Miss E. Williams; Public health, Miss L. Webb. The following members were elected councillors: Miss F. Matthews, Miss M. Quinn, Miss A. Neill, Miss A. Schiesele, Miss A. Thompson, Miss E. Moore.

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Hamilton General Hospital

The Golden Jubilee of the School of Nursing of the Hamilton General Hospital will take place in June, 1940. Will all graduates of this School kindly send their present addresses (and those of their classmates) to the Secretary of the Alumnae Association, in care of the Training School Office,

Hamilton General Hospital
HAMILTON, ONT.

elected the following offficers for the coming year: Honorary president, Miss E Johnston, Miss O. Waterman; president Miss J. Harper; vice-president, Miss J Quinton; treasurer, Miss M. McCuaig; recording secretary, Miss I. Charters; corresponding secretary, Mrs. B. Slessor, 87 Elgin St. The Board of Directors includes Miss S. Dudenhoffer, Miss M. McLeland and Mrs. C. G. Kirkpatrick.

THE TORONTO UNDERGRADUATE NURSES ASSOCIATION: A banquet was recently held at the Toronto General Hospital through the interest of Miss Jean Gunn, superintendent of nurses. There were present the junior, intermediate and senior representatives from each of the nine training schools in Toronto with their superintendents and the foreign students who are taking the one year post-graduate course at the School of Nursing, the University of Toronto. Miss Gunn welcomed the guests and said that she hoped this dinner would serve as an introduction to an interesting year for the Undergraduate Nurses Association of Toronto. After dinner everyone gathered in the reception room of the East Nurses Residence and spent an enjoyable hour listening to talks and musical entertainment. The music was provided by three of the students in training at the Toronto General Hospital.

Miss Bridges, who is taking the one year post-graduate course at the School of Nursing, began by telling the assembled nurses about English nursing and was followed by Miss Small who described New Zealand's customs in the nursing field. A description of Mexico's struggle to establish the nursing profession was next related by Miss Carmen Gomez also a post-graduate student at the University, and Miss Marguerite Caston, another pupil, concluded with Panama's viewpoint. The junior, intermediate and senior groups of the Association then separated to discuss their individual plans for the year.

TORONTO: At a recent meeting of the Alumnae Association of the Hospital for Sick Children the following officers were elected for the coming year: Honorary presidents, Miss Potts, Miss Panton and Mrs. Goodson; honorary vice-president, Miss P. B. Austin; president, Miss Jean Masten; first vice-president, Miss Waddell; second vice-president, Mrs. Donald Bray; corresponding secretary, Miss Harriet McGeary, 349 St. Clair Ave. W.; recording secretary, Miss Doris Kelly; treasurer, Miss Hazel Elliot.

Miss K. Clearihue (H. S. C., 1932) has been appointed assistant superintendent of nurses of the Regina General Hospital. Miss K. Ayre (H. S. C., 1933) is taking a post-

graduate course at the Toronto Hospital for Consumptives, Weston, Ontario. Miss W. Perrin and Miss R. Webb, both members of the class of 1934, sailed to England on their way to South Africa, when they will assume staff positions in the new General Hospital in Cape Town. This was arranged through the exchange of Nurses Committee of the Canadian Nurses Association.

TORONTO: At the annual meeting of the Alumnae Association of the Wellesley Hospital, held recently in the Nurses Residence of the Hospital, Miss Kathleen Layton was elected president. Appreciation was expressed of the splendid work done by Miss Louise Richards, the retiring president, during her two-year period of office and special mention was made of her work during the Wellesley Silver Jubilee in June, 1937. The other officers elected are as follows: Honorary president, Miss Elsie K. Jones; first vice-president, Miss Grace Bolton; second vice-president, Miss Jessie Campbell; corresponding secretary, Miss Mary Stanton; assistant corresponding secretary, Miss Eva Goodfellow; recording secretary, Miss Florence Little; assistant recording secretary, Miss Adelaide Solomon; treasurer, Miss Jean Harris; assistant treasurer, Miss Catharine Smith; auditors, Miss Dorothy Cowper and Miss Mary Graham; custodian, Miss Edith Carson; treasurer, Elizabeth Flaws Memorial Scholarship, Mrs. Harold Clarke and Miss Edith Cowan. The members of the general committee are Mrs. Grace Gundy, Mrs. L. Campbell, Mrs. Muriel Lucas, Miss Elda Rowan and Miss Dorothy Boyd. Miss Mildred Henry was appointed representatives to *The Canadian Nurse* and press correspondent.

TORONTO: The Alumnae Association of the Toronto Western Hospital has elected the following officers for the coming year: Honorary president, Miss B. Ellis and Mrs. Currie; president, Miss G. Sharpe; vice-president, Miss M. Tunbridge; corresponding secretary, Miss S. McCallum; Toronto General Hospital; recording secretary, Miss B. McCutcheon; treasurer, Miss Helen Stewart, Toronto Western Hospital; representative to *The Canadian Nurse*, Miss H. McConnell.

TORONTO: The Alumnae Association of the Women's College Hospital has elected the following officers for the coming year: Honorary president, Mrs. Bowman; honorary vice-president, Miss H. Meiklejohn; president, Miss D. Macham; secretary, Miss Margaret Miles, Women's College Hospital; treasurer, Miss Marguerite Free, 48 Northumberland Street.

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District 6

PETERBOROUGH: The annual meeting of Chapter C, District 6, R. N. A. O., was held recently at Nicholls Hospital, Miss F. Vickers presiding. The election of officers for 1938 resulted as follows: president, Miss F. Vickers; vice-president, Miss A. Lynch; secretary-treasurer, Miss H. Russell. The conveners of committees included the following: nursing education, Sister Priscilla, St. Joseph's Hospital; private duty, Miss Ball; public health, Miss C. Anderson. Miss Clare Morris gave an interesting address on "A world cruise in a freighter". District 6 will hold a meeting in Belleville early in March when Dominion Registration will be discussed in detail.

Miss Helen Mouck (N. H. P., 1926) has been appointed night supervisor of Nicholls Hospital, Peterborough. Miss Marion Inches (Calgary General Hospital) has resumed supervision of the obstetrical department, Nicholls Hospital. Miss Margart Beavis (N. H. P., 1934) has been appointed supervisor of the medical department, Nicholls Hospital

District 7

KINGSTON: On February 1, the private duty nurses of the Hôtel Dieu Hospital adopted the eight-hour day. The plan is already working well at the Kingston General Hospital. Miss Velma Dennie (H. D. H., 1936) was recently appointed to the nursing staff of the Ontario Hospital, Kingston.

District 9

GRAVENHURST: Miss E. MacPherson Dickson will be in District 9, R. N. A. O., on the following dates and will speak at the places mentioned below: Monday, March 7, Gravenhurst; Tuesday, March 8, North Bay; Wednesday, March 9, New Liskeard; Thursday, March 10, Kirkland Lake; Friday, March 11, Timmins; Monday, March 14, Sudbury; Tuesday, March 15, Sault St. Marie; Friday, March 18, Port Arthur. The members of the District are looking forward with great pleasure to having Miss Dickson and to hearing her explain Dominion Registration for Nurses.

QUEBEC

MONTREAL: Montreal General Hospital: The thirty-first annual meeting of the Alumnae Association of the Montreal General Hospital Training School for Nurses was held recently with the president, Miss Mary S. Mathewson, in the chair. The activities of the past year were reviewed and a satisfactory financial situation was recorded. The various reports indicated active participation in the nursing world. A scholarship was awarded to enable a member of the Association to attend the McGill School

for Graduate Nurses, and a contribution of $60.00 was made to the Florence Nightingale Memorial Fund for promoting post-graduate study at Bedford College, London, England. The Association regretfully recorded the loss by death of one member, Miss Laura Terrill, of the Class of 1910.

The following officers for 1938 were elected: Honorary vice-presidents: Miss J. Webster, O. B. E., Miss Nora Tedford and Miss F. E. Strumm; honorary treasurer, Miss H. Dunlop; honorary members: Miss E. Rayside, C. B. E. and Miss J. Craig; president, Miss Mary S. Mathewson; first vice-president, Miss Catherine Anderson; second vice-president, Miss Mary Long; recording secretary, Miss Ann Peverley; corresponding secretary, Mrs. E. Gillespie. The executive committee includes Miss M. K. Holt, Miss B. Birch, Miss Martha Macdonald, Miss Inez Welling, and Miss Snow. Members of other committees are as follows: refreshment, Miss Bunbury, Miss Walker, Miss Case, Miss H. Miller, Miss A. McLaughlin and Miss Snyder; visiting, Miss C. Watling and Miss J. McRae; programme, Miss M. Batson and Miss I. Davies. The representatives to the private duty section are Miss McWhirter, Miss Lamplough and Miss Alcombrack. Miss M. K. Holt was elected representative to *The Canadian Nurse* and Miss G. Colley and Miss A. Costigan are to represent the Association on the Local Council of Women.

In the course of her presidential address Miss Mathewson referred to future activities of the Association as follows:

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Married: On December 15, 1937, Miss Helen I. M. Gilbert (M. G. H., 1933) to Dr. Ralph L. Randell.

Married: On December 29, 1937, Miss Norah S. J. Belford (M. G. H., 1934) to Mr. Arthur D. Silver.

Married: On January 20, 1938, Miss Mildred A. Thurber (M. G. H., 1937) to Mr. Holland W. Althouse.

Married: On February 3, 1938, Miss Olive May Roe (M. G. H., 1932) to Mr. Frances R. Bowes.

(*Continued on page* 168)

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Nova Scotia

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ONTARIO

Registered Nurses Association of Ontario

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nard, M. Meggitt, M. McCorkindale, Mrs. K. Cowie; *Conveners: Nursing Education*, Miss P. Bluett; *Public Health*, Miss A. Fennell; *Private Duty*, Mrs. Elizabeth Sebire.

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Chairman, Miss Isabelle MacIntosh; Vice-Chairman; Miss M. Buchanan; Second Vice-Chairman, Miss A. Boyd; Secretary-treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Councillors*: Misses D. Scott, A. Wright, A. Oram, C. Brewster, Mrs. N. Barlow, Reverend Sister Monica; *Conveners: Public Health Nursing*, Miss R. Ford; *Private Duty*, Miss E. Richardson; *Nursing Education*, Miss H. Brown.

District 5

Chairman, Miss Irene Weirs; Vice-Chairman, Miss L. Gamble; Secretary-Treasurer, Miss K. McNamara, 48 Spruce Court, Spruce and Sumach; *Councillors*: Misses F. Matthews, M. Quinn, A. Neill, A. Schiesele, A. Thompson, E. Moore; *Committee Conveners: Private Duty*, Miss W. Hendrikz; *Nursing Education*, Miss E. Williams; *Public Health*, Miss L. Webb.

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Chairman, Miss E. G. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge Street, Peterborough; *Committee Conveners: Private Duty*, Miss L. Ball; *Public Health*, Miss M. Poulson; *Nursing Education*, Miss H. Collier; *Membership*, Miss E. Earshman; *Publications*, Miss E. Young.

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Chairman, Miss Maude Hall; Vice-Chairman, Miss Evelyn Pepper; Secretary, Miss Elma Coon, Ottawa Civic Hospital; Treasurer, Miss E. Allen, 340 Somerset St. W., Ottawa; *Councillors*: Misses E. Osborne, G. Tanner, G. Clarke, M. McLaren, J. Church, M. Jones; *Committee Conveners: Nursing Education*, Miss G. Ferguson; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

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Chairman, Miss H. E. Smith; Vice-Chairman, Miss J. Smith; Sec., Miss R. Densmore, 199 Kohler St., Sault Ste. Marie; Treas., Miss R. Buchanan; *Councillors*: Misses M. Clutchery, E. Bunn, J. Laing, E. Gordon, J. Thomas, B. Waldron; *Conveners of Sections: Private Duty*, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Philip; *Public Health*, Miss E. Franks.

District 10

Chairman, Miss Vera Belluz, St. Joseph's Hospital, Port Arthur; First Vice-Chairman, Miss May Kirkpatrick; Secretary-treasurer, Miss Jessie Brown, McKellar Hospital, Fort William; *Councillors*: Rev. Sister Mélanie, Misses F. Hamm, Isobel McLellan; Maureen Gillick, Gladys Young, Fay Gleeson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses' Association

President, Rev. Sister Stanislaus, Charlottetown Hospital; Vice-Pres., Miss Florence Lavers, Summerside; Treasurer and Registrar: Rev. Sister Mary Magdalen, Charlottetown Hospital, Charlottetown; *Recording Secretary*, Miss Hattie MacLaine, P. E. I. Hospital; *Conveners of Sections: Nursing Education*, Miss Anna Mair, P.E.I. Hospital; *Private Duty*, Miss G. MacGuigan, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Charlottetown.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Allard, Rév. Soeur Marcellin, Mademoiselle Maria Beaumier; President, Miss Margaret L. Moog; Vice-President (English), Miss C. V. Barrett; Vice-President (French), Mlle Alexina Marchessault; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office*: Rév. Soeur Gauthier, Misses Mabel K. Holt, Eileen C. Flanagan, Marion E. Nash, Mlle Juliane Labelle; *Conveners of Sections*: Private Duty (English), Miss M. L. Craig, 93 Linton Apartments, Montreal; *Private Duty* (French), Mlle Claire Godbout, 463 avenue DesForges, Trois Rivières; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montreal; *Public Health* (bi-lingual), Miss M. I. Brady, 1421 Atwater Ave., Montreal; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Misses Marie DesBarres, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive-Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Miss Ann Morton, Weyburn; Second Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Mathilda Diederichs, Grey Nuns' Hospital, Regina; Miss Christina MacDonald City Hospital, Saskatoon; *Conveners of Standing Committees: Public Health*, Miss Ann Morton, Weyburn; *Private Duty*, Miss Helen Jolly, 1301 15th Ave., Regina; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss G. McDonald; First Vice-President, Miss A. Cleaver; Second Vice-President, Miss M. McGrath; *Committees: Visiting*, Miss D. Kerr; *Entertainment*, Miss H. Jolly; *Press and Rep.* to *The Canadian Nurse*, Miss M. Armatage; Sec., Miss K. Morton, 3114 Victoria Ave.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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President, Miss Violet Chapman; First Vice-President, Miss M. Fraser; Second Vice-President, Miss M. Deane-Freeman; Treasurer, Mrs. E. World; Secretary, Mrs. A. M. Baird, 11028-107 St.; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

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BRITISH COLUMBIA

Nelson Registered Nurses Association

Hon. President, Miss V. B. Eidt; President, Miss M. Ahier; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss E. Smith; Sec., Miss J. McVicar, 628 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners: Ways and Means*, Miss M. Patterson; *Programme*, Miss L. McVicar; *Social*, Mrs. A. M. Banks; *Private Duty*, Miss P. Gansner; *Membership*, Mrs. T. Homersham; *Visiting*, Miss S. Keeler.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark; President, Mrs. J. Wright; First Vice-Pres., Miss E. H. Gouldburn; Second Vice-Pres., Miss E. Gow; Sec., Miss E. Wrightman, 447 Columbia St.; Treas., Miss A. Macphail; Representative to *The Canadian Nurse*, Misses Lovering and Naven.

Vancouver Graduate Nurses Association

President, Miss Mabel Gray, 3677-12th West; First Vice-President, Miss Olive Cotsworth, Vancouver General Hospital; Second Vice-President, Mrs. Beattie, Ioco; Secretary, Miss D. McDermott, 2525 York; Treasurer-registrar, Miss L. G. Archibald, 536-12th West; *Councillors*: Misses M. Motherwell, A. Reid, S. Gardiner, C. Cooper, K. Lee; *Committee Conveners: Programme*, Mrs. L. Dugdale; *Social*,, Miss H. Bartch; *Visiting*, Miss M. Wismer; *Directory*, Miss C. McKay; *Membership*, Miss J. Jamieson; *Representative*: to *The Canadian Nurse*, Miss A. Reid; to *Press*, Miss D. Stewart.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

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Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clarke; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. Bell; Sec., Miss D. Gilmour; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Miss M. McBride, Miss D. Cavell, Miss M. Willoughby, Miss I. McLeod, Mrs. James; *Press*, Miss M. Fraser; *Representative* to *Local Council of Women*, Miss Condie, Mrs. Bell.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Avenue; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss M. S. Bright; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop Street; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, E. Young; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Hon. Pres., Miss S. Macdonald; Hon. Vice-Pres., Miss J. Connal; Pres., Mrs. R. Straker; First Vice-Pres., Miss L. Bibby; Rec. Sec., Mrs. M. Caffrey; Corr. Sec., Miss H. Paterson, 1127-5th Ave. W.; Treas., Miss M. Watt; *Committee Conveners*: *Membership*, Mrs. H. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Press*, Miss F. Shaw.

A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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NOVA SCOTIA

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A.A., Victoria General Hospital, Halifax

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ONTARIO

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A.A., Public General Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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A.A., Galt Hospital, Galt

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A.A., St. Joseph's Hospital, Hamilton

Hon. President, Sister M. Alphonsa; Hon. Vice-Pres., Sister M. Monica; President, Miss E. Quinn; Vice-Pres., Miss D. Long; Secretary, Miss L. Curry, 52 North Oval St.; Treasurer, Miss

M. Kelly: *Representatives*: to *R.N.A.O.*, Miss J. Morin; to *The Canadian Nurse*, Miss Elsie Harte, St. Joseph's Hospital.

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